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EDITORIAL COMMENT



NURSING EDUCATION: THE SHORTAGE IN PROBATIONERS

DURING the month we have been giving much thought and study to the causes of the reported marked falling-off of applicants for training in the nurse schools. We have had the opinions of a number of women who are actively engaged in hospital work, and have had many ideas and suggestions advanced from conservative, thoughtful women in different lines of nursing work, which we embody in these comments. It is impossible to go very fully into so broad a subject in the space allotted to an editorial, but we think those interested will understand our motive in stating the bald truths in regard to the responsibility of the hospitals for this shortage.

In going back thirty-five years, to the beginning of the training-school movement in this country, we find very different economic conditions for women. Teaching, sewing, clerkships, housework, were practically the only respectable occupations open to them. The idea of higher education for women was just developing. Public school education had so broadened the intelligence of the average American and Canadian girl that she rebelled against dependence upon the male members of her family, as had been the custom for generations, if a woman was unmarried; and the establishment of training-schools provided not only a respectable occupation by which she might become self-supporting, but appealed to the spirit of self-sacrifice which is inherent in every woman's nature. Consequently, the hospital training, with its vitally interesting opportunity for personal service, became a popular field of labor to a great multitude of unoccupied women of fair education and good family. The long hours of hard manual labor, crowded quarters, and poor food were endured with enthusiasm born of the self-sacrificing

spirit, the absorbing interest of the work, the somewhat sentimental attitude of the public, and the fact that the moderate money allowance made it possible to meet the expenses of clothing while one was acquiring a means of independence for the long future. The tremendous reforms that came about in the hospitals as a result of the superior service afforded by the pupils of the schools made the executive positions a most interesting and satisfactory field of work to a large class of educated women who possessed administrative and teaching ability, and who made up the great group of pioneer superintendents who, steadily and without faltering, have carried forward the work of bettering the conditions of living for the nurse in training, and have struggled to provide for her the education in nursing which was promised when the training-schools were first opened—a promise which very few hospitals have fulfilled.

In this thirty-five years economic conditions for women have undergone such a wonderful change that it is said there are now only three lines of work that may *not* be occupied by women. Many kinds of work give to educated women of the same class that nurses are drawn from equal remuneration when estimated as an annual income, with an eight- or nine-hour day, forty-eight or fifty-four hours per week. Stenographers, private secretaries, librarians, national and state employees, work from nine to five, or less, with half a day on Saturday, all day Sunday, and every evening free, while nurses in the hospitals average ten hours a day, and in some instances from twelve to fifteen. As Sunday brings no lessening of suffering to the sick, it brings no rest to the nurse, who, after her six days of ten hours, continues to labor just as many on the seventh. There are a few hospitals where the nurses work but eight hours a day, just as there are training-schools that have separate residence buildings for their nurses, and have awakened to the importance of giving an equivalent in education as a return for service; but they are exceptions and notably rare.

The women who have been ten, twenty, or thirty years engaged in nursing work have come to realize that it is the hardest life that a woman of intelligence is called upon to live. The education the hospital has promised in return for service is often of a very meagre kind, and "wise" economy usually makes the nursing service and the food the first points of retrenchment. In private duty, twenty-four hours out of the twenty-four when the case is critical, and eighteen out of the twenty-four when the case is easy, seems to be about what is generally expected of the nurse. One hundred and twenty-six hours per week is longer than those required of women workers of the lowest order of intelligence. As a consequence, we find great numbers of nurses now in the field who

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refuse to recommend "nursing" to younger sisters or nieces, or the daughters of old friends, and educated young women who have studied the economic situation before choosing an occupation naturally avoid the one which makes the greatest demands, but gives the least personal liberty, of all the occupations open to women.

The conditions under which the nurse secures her education, and under which she lives and works, have not kept pace with the progress of general education and with the conditions of living of other classes of workers. The responsibility for this rests not with the nurses themselves, but with the managers of the philanthropic institutions with which the training-schools are connected.

Comparing these conditions with the great business opportunities of to-day, with the commercial spirit which seems to predominate among every class of people, we think it is not difficult to understand why thousands of women who formerly turned to nursing as almost the only available means of support are now entering other lines of occupation.

OTHER REASONS

There are, however, a number of special reasons which may, at this time, be contributory to the lessening popularity of nursing as an occupation. The three years' course, with the non-pay system, was universally established in the schools about the time that the state registration movement began. This reform came about through the concerted efforts of the superintendents of the training-schools, as a means to three separate ends: First, by lengthening the term of service to three years, it was understood that the number of nurses would be increased; and this, together with the employment of more ward maids to do that part of the housework of the hospital that has no relation to nursing the sick, would materially lighten the domestic drudgery. Second, with these conditions complied with, time and strength would be afforded for instruction, study, and reasonable recreation. Third, by the non-pay system, the hospital would not be financially embarrassed in complying with these conditions.

The nurse in the third year has gained so much in experience and poise that no one who has watched the development under honest conditions can for a moment doubt the tremendous value of the longer term.

But, we would ask, how many of the great multitude of small private and politically and commercially governed hospitals, which have eagerly availed themselves of the third year of skilled service afforded by the three-year plan, have shortened the hours by adding to the force,

lightened the drudgery by employing more ward maids, or paid for skilled teachers and instructors with the money saved by the non-pay system?

THE EDUCATIONAL TEST

To what extent the preliminary educational requirements and the examinations established by state registration are contributory to the decrease of applicants, no one can yet say. The Board of Nurse Examiners in New York State are making some investigations along these lines for their own guidance, and the report of the Education Department, which is now in press, will show to what extent the law is being complied with, and the result.

THE EFFECT OF RETROGRADE MOVEMENT

We believe the time has passed when shortening the course and restoring the old conditions of long hours, household drudgery, and haphazard instruction, will restore nursing to its former popularity. There is only one way in which this will ever be done, and that is by the course approved by the great multitude of women now in the nursing field, viz, by giving to nursing an educational status that will remove the stigma of social ostracism and lead to professional recognition; and by relieving the terrible physical strain caused by long hours and hard labor, both in hospitals and private duty, so that a woman with ordinarily good health may work out her days in caring for the sick.

We believe that no training-school can prosper when its great body of graduate nurses openly disapprove of the conduct of the school. There can be but one object for a return to the two years, and that a commercial one. This, when so openly declared, will have the effect of scaring away the most desirable applicants to schools of the highest grade and which maintain just conditions.

ACTION TAKEN BY ALUMNÆ ASSOCIATIONS

The Alumnae Associations of the New York, Roosevelt, and Bellevue have sent resolutions to the managers of their training-schools, protesting against the abandonment of the three years' course of training. Although Bellevue has not yet declared its intention of taking this back-step, it is considering the matter seriously, and has sent out the following circular letter to the superintendents of the hospitals of the state:

Several of the training-schools for nurses in this city are now considering the relative merits of a two years' course and a three years' course for training

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nurses, and we shall be very much obliged to you if you will let us have any information and suggestions that you can give us upon the following points:

1. Have you ever had a two years' course of training in your school, and if so, what were your reasons for changing?

2. Do you find the three years' course entirely satisfactory, and, if not, what are your objections to it?

3. Under what conditions, if any, other than those of your school at present, do you consider that a two years' course would be preferable?

4. Do you think that the advantages of a three years' course could be obtained by adding to a two years' course an optional graduate course of from six months to a year, with a different form of diploma to be given to the graduates of the longer course?

5. Do you find any difficulty in securing a sufficient number of applicants to take a three years' course?

6. Do you believe that the number of applicants for training would be increased by the shortening of a course from three years to two?

The Visiting Committee considers the question of the length of nurses' training of the highest importance, and we shall greatly appreciate any information that you may be able to give us.

COURTENAY DINWIDDIE, Secretary.

Where the superintendents are nurses, we feel quite sure the majority will stand for the three years, but in an agitation of this kind many of the smaller schools may follow blindly the leadership of the larger hospitals, which are supposed to give the best training, although, as is now being shown by the examinations, they do not always do so.

If we could be sure that with the return to the three years we would have a uniform reduction of hours, an increase in the number of nurses and ward maids, a sufficient number of paid instructors, and time for study, we would not consider the change a very serious setback in nursing education; but this would mean commercially such a serious loss to the hospitals that we cannot believe in the honesty of the motive for such a step on the part of the promoters of the plan.

PROGRESS OF STATE REGISTRATION

THE New Hampshire bill for the state registration of nurses was signed by the governor, and in the report of the New Hampshire state meeting, which will be found on another page, are given the names of the first Board of Nurse Examiners—women whom we know personally to represent the highest ideals in nursing, and who will administer the law justly and with moderation.

The Connecticut law has been attacked through the legislature,

through the influence of a male nurse who was denied registration by the Board of Examiners, as being ineligible under the conditions of the statute.

The West Virginia bill was pronounced unconstitutional by the governor, and returned to the legislature for amendments. What its fate will be cannot yet be determined.

From Indiana, we have only a newspaper clipping as authority for the statement that the education requirement of a high-school diploma has been reduced by the legislature to that of a grammar-school.

In Pennsylvania the public press has shown a kind of opposition more malicious and vindictive than has been found in any of the other states since the registration movement began. In the name of the medical profession, facts and standards have been falsified and misrepresented to an extent which lowers one's respect for the honesty of the men who have taken part in the opposition.

In North Carolina an amendment to the bill was passed on March 5th, which makes it now read:

That after January 1, 1904, it shall be the duty of said Board of Examiners to meet not less frequently than once in every year, notice of which meeting shall be given in the public press. At such meetings it shall be their duty to examine all applicants for license as registered nurse, of good moral character, who can prove to the board that he or she is more than twenty-one years of age, has received the equivalent of a high-school education, and has graduated from a training-school connected with a general hospital or sanitarium, where three years of training, with a systematic course of instruction, is given in the hospital.

Examinations will be held in the elements of anatomy, physiology, materia medica, in medical, surgical, obstetrical, and practical nursing, invalid cookery, and household hygiene, and if on such examination they be found competent, to grant each applicant a license, authorizing her or him to register as hereinafter provided, and to use the title "Registered Nurse," signified by the letters "R.N."

The said Board of Examiners may, in its discretion, issue license without examination to such applicants as shall furnish evidence of competency entirely satisfactory to them. Each applicant, before receiving license, shall pay a fee of five dollars, which shall be used for defraying the expenses of the board.

The educational requirements are now raised to a high standard, which places North Carolina in the first rank in state registration. This is splendid progress, and may give courage to those now meeting with all sorts of opposition.

The Texas nurses have organized a State Association, making twenty-six states in which the nurses are banded together, all working for the same end—namely, state registration of nurses.

WOMEN'S MEDICAL SOCIETY OF NEW YORK STATE

THE women physicians of New York organized a state medical society at Rochester, on the birthday of Dr. Sarah R. Adamson Dolly, March 11, 1907. This society is organized with the distinct understanding that it is not to divert interest from the Medical Society of the State of New York, but rather to encourage greater activity in organized work, and to bring the women physicians more closely together socially and for mutual helpfulness. It seems remarkable that Iowa is the only other state with an organization of this kind.

Dr. Dolly is one of the pioneers among the women in medicine, having graduated from the Central Medical College of Syracuse and Rochester in 1851, two years after Dr. Blackwell was granted a degree from the Geneva College. She is now seventy-eight years of age, and is still actively practicing her profession. She has always been one of the unseen forces for the advancement of women in medicine.

THE MEETING AT RICHMOND

It is exceedingly difficult for the committee of arrangements to give, so far in advance, a complete programme of the meeting to be held this year in Richmond, as there are many sub-committees to be heard from. Then, too, the exposition at Jamestown is such an attraction that plans must be arranged so as to allow opportunity for the members and delegates to include a visit to it in the trip.

In the May JOURNAL a clearer outline of the programme will be given. We are assured, however, by the president, Miss Damer, that the arrangements that are being made give promise of a most unusually interesting series of meetings, that the social entertainment will be of a delightful character, and that the Richmond nurses are planning a boat trip down to Jamestown which will add much to the pleasure of the occasion.

Those who attended the World's Fair in Chicago and the Exposition in Buffalo will appreciate the opportunity of again combining with a great nurses' convention the interests of a national exposition. The Jamestown celebration, being historical in its scope, will be very unlike any other of the kind ever held in this country. The season of the year is ideal for a visit to the Southern country, and the noted hospitality of the Southern people will give an added charm to this the tenth convention.

We want to urge every nurse who is planning to take a vacation this summer to do so at the time of the Richmond convention, that there may be a great gathering of members to avail themselves of all the interests and pleasures that it will afford, and also that there may be a widely representative group of women to take part in the discussions of subjects of especially vital importance to the nursing body as a whole at this time. There has never been a year when we needed closer coöperation, with an intelligent understanding of all the forces at work for the upbuilding as well as the destruction of nursing standards. The inspiration to be gathered at one of our national conventions cannot be measured in words. Let us have a great meeting at Richmond, that we may gain strength from the force of members, courage from the wisdom of the experienced leaders, and enthusiasm from the great army of younger nurses who are preparing to lift the load as the years roll by and the pioneers drop more frequently out of sight.

AN INJUSTICE TO WOMEN IN MEDICINE

THE completion of the new buildings of the Woman's Hospital in New York City, some idea of the magnificence of which can be gathered from Dr. Goffe's paper and the photographs in this JOURNAL, makes one naturally wonder why a hospital established by women, for the exclusive treatment of women, should not give recognition to women physicians; and we find that in "Women's Work in America," a book published some ten years or more ago, Dr. Mary Putnum Jacobi, in the chapter on "Women in Medicine," makes this comment:

When the New York women organized the Woman's Hospital for Dr. Marion Sims, they framed a by-law which has since passed into oblivion, to the effect that the assistant surgeon should be a woman. Emily Blackwell was the woman who should have been chosen. She had an education far superior to that of the average American doctor of the day, a special training under the most distinguished gynecologists of the time, Simpson and Huguier, and had received abundant testimonials as to capability. While there was really not another person in New York possessed of either such opportunities or such special testimonials, the overtures were rejected. Dr. Sims passed by these just claims to recognition, and evaded the mandatory by-law of his generous friends in a way that is most clearly shown in his own words: "One clause of the by-laws provided that the assistant surgeon should be a woman. I appointed Mrs. Brown's friend, Henri L. Stuart, who had been so efficient in organizing the hospital. She was matron and general superintendent." ("Story of My Life," by Marion Sims, p. 209.) It would have been an act both graceful and just on his part at this crisis to have shared his opportunities with the

two women who, like himself, had been well buffeted in an opposing world, and whose work and aspirations were so closely identified with his own; but this he failed to do, and the lost opportunity made all the difference to the pioneer women physicians between brilliant and modest, between immediate and tardy, professional success.

We are more than delighted to welcome the opportunity which the Woman's Hospital offers for post-graduate experience and affiliation with other schools, but we hope to hear that in the reorganization of this hospital women physicians are to be given the recognition that the original donors intended them to have.

OBITUARY NOTICES

THERE still seems to be some misunderstanding in regard to the publication of formal resolutions in this JOURNAL, and we wish to explain again to our readers that it was decided a year ago, after very careful consideration, that the form of the resolution of sympathy adopted by the alumnae associations to be sent to the family should not be used in the obituary notices published in these pages, but instead an announcement of the time and place of death, with a sketch of the nurse's work, showing her service to the public and to her profession. Many of the formal resolutions come to us without dates or any facts bearing upon the professional side of the nurse's work, so that such announcements as we are able to make seem very meagre, unless the editor happens to know personally something of the life of the nurse. We wish to record in the JOURNAL the death of every woman who has been enrolled as a member of the great nursing fraternity, and in order to do this we must have facts, and give these facts as concisely as possible.

ANOTHER NURSING TEXT BOOK

As we go to press the announcement is made of the publication of another text book in nursing from the pen of one of our best known practical teachers, Miss Anna C. Maxwell of the Presbyterian School for Nurses of New York City, in collaboration with Miss Amy E. Pope. The book will be put out by Messrs. G. P. Putnam's Sons and will be reviewed in our next number.

As a teacher Miss Maxwell's strongest work has been in the careful detail of the practical side of the nurses training and her book cannot fail to become a very valuable addition to our nursing literature.

THE WOMAN'S HOSPITAL IN THE STATE OF NEW YORK, AND ITS POST-GRADUATE SCHOOL FOR NURSES

By J. RIDDLE GOFFE, M.D.

Attending Surgeon Woman's Hospital; Professor of Gynecology New York Polyclinic Medical School and Hospital, etc.

THE opening of the beautiful new building of the Woman's Hospital in New York City affords another opportunity for nurses to acquire special instruction and experience in that somewhat exclusive specialty, gynecology.

The gynecologist has been steadily enlarging his field of operative work during the past ten or fifteen years. It is no longer confined to the generative organs of women, but, while restricted usually to female patients, embraces the urinary tract in all its special organs—the urethra, the bladder, the ureters, and the kidneys—also diseases of the rectum and all the surgery of the abdomen, such as operations for appendicitis and diseases of the gall bladder and gall ducts, as well as gastro-enterostomy for obstruction of the pylorus, or gastric ulcer. In this connection it is interesting to recall the fact that Marion Sims, the father of modern gynecology, was the first to indicate and insist that laparotomy is the proper treatment for injury of the intestines as well as for inflammation of the gall bladder. The modern gynecologist is therefore simply following the teaching of his great leader.

The many intestinal complications resulting from inflammatory diseases of the uterine appendages and tumors of the uterus and ovaries, have familiarized the gynecologist with resection and anastomosis of the intestines, and in every particular has especially qualified him for abdominal surgery. Acting upon this conviction, the American Gynecological Society, at its meeting two years ago, officially announced, by changing its constitution, that its object was "the study and treatment of diseases peculiar to women, and of abdominal surgery."

The Woman's Hospital, which is the recognized font of all things progressive relating to this specialty, affords a wide field of training for a nurse in the class of cases requiring the most skilled after-treatment and care. These opportunities are brought within the reach of all trained nurses by the organization in the hospital of a post-graduate course for nurses, the requirements and conditions of which are given below.

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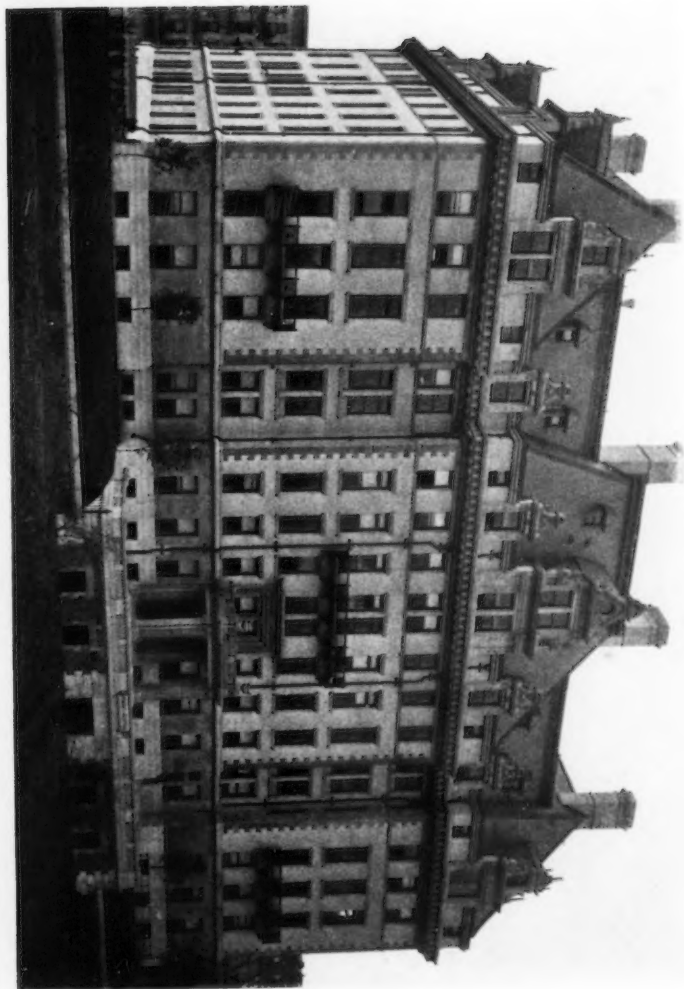
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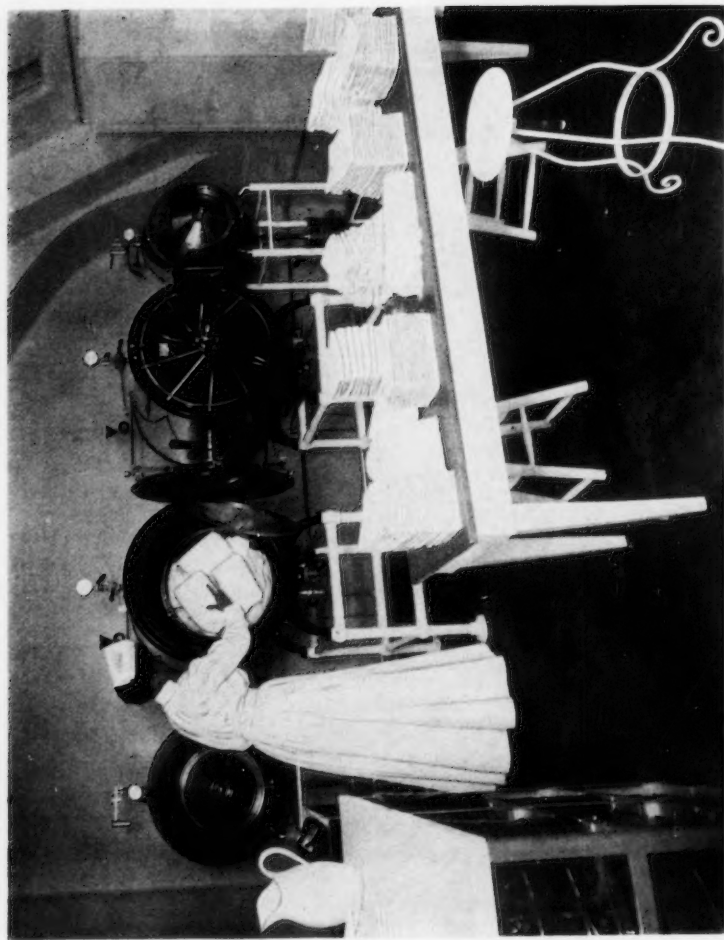
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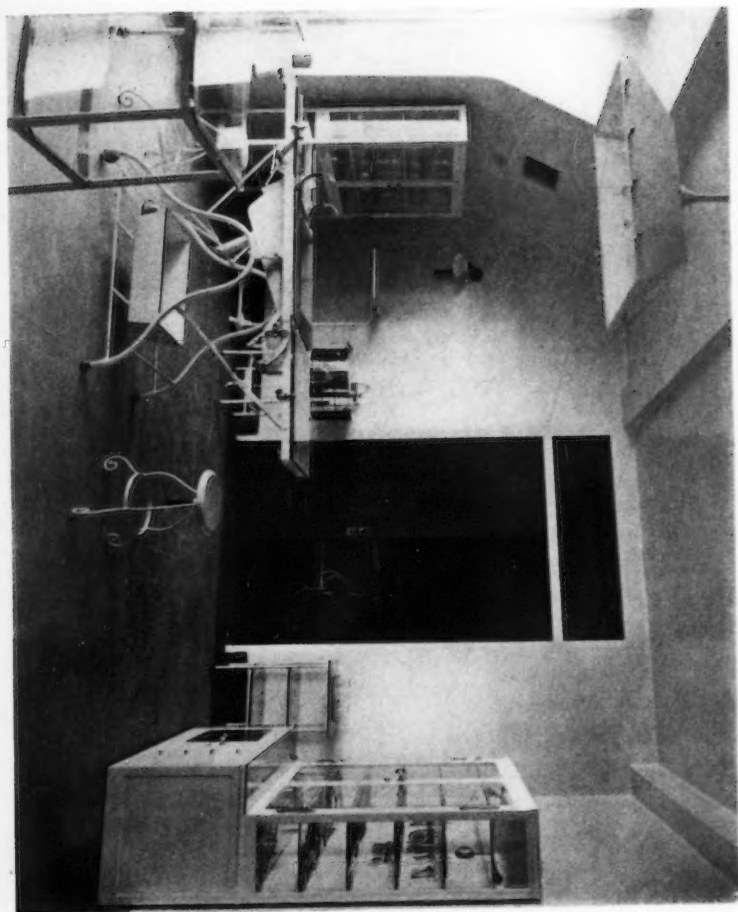


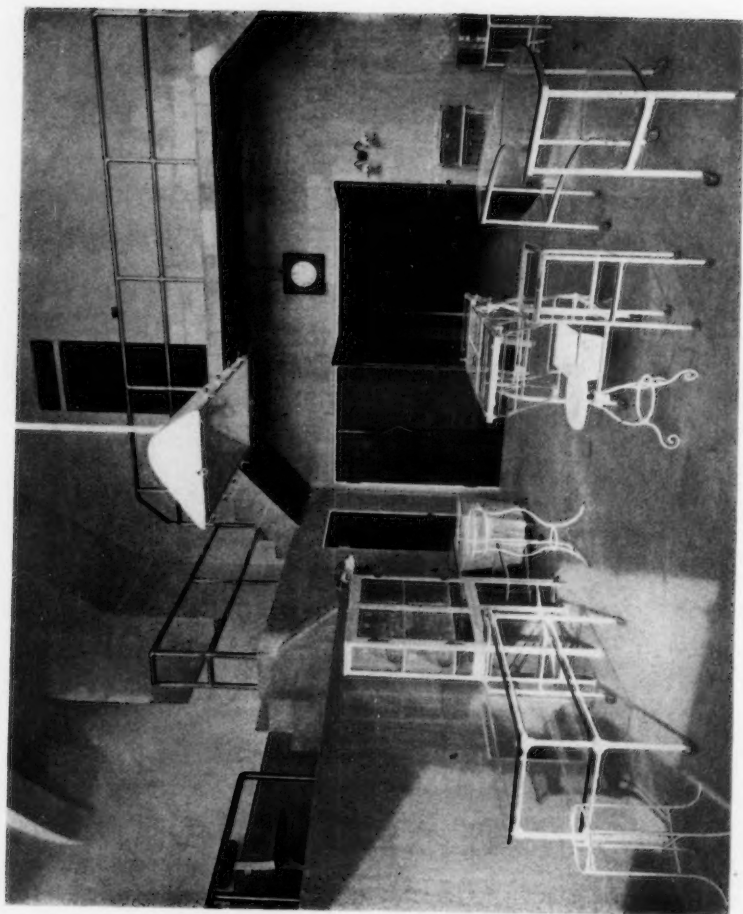


The Sterilizing Room. All cloth articles, wearing apparel used in the operating room, are put inside for 20 minutes under 15 pounds steam pressure, to kill all germs, etc. Repeated for three days.

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REQUIREMENTS FOR ADMISSION

Training-schools whose course occupies a period of two or more years may send their pupil nurses to the hospital during their last year for a term of not less than three months' training, during which time they will be given instruction in the various departments of this hospital.

In regard to monthly allowance, the policy of the school from which the nurses come will be carried out. Where payment is made, the Woman's Hospital will provide the return ticket, in addition to the monthly allowance. In other cases the Woman's Hospital will pay fare both ways, when amount does not exceed thirty (30) dollars.

While at the Woman's Hospital, pupils are subject to the same rules and regulations as the nurses taking the post-graduate course.

The course is six months, one month being considered probationary.

Applicants must be graduates of approved training-schools.

Each application must be accompanied by a certificate of recent date from the superintendent of the school in which the applicant has been trained, testifying to the applicant's general efficiency as a nurse, and also by a certificate from a physician, testifying to the applicant's sound physical condition. These certificates may be addressed "To whom it may concern," but the original certificate (not a copy) must be forwarded to the hospital, and shall become the property of the hospital.

Applicants who are accepted are required to sign a written agreement to remain in the school six months, and to conform to the rules of the hospital.

The date for admission to the school is assigned after requesting the applicant to state the exact date she wishes to enter.

Nurses receive, monthly, a sufficient allowance to cover the cost of uniform and other incidentals. They are required to wear the uniform of the school. Until the uniforms are provided, nurses may wear uniforms of their own schools, or any plainly made dress of washable material (except white).

Two hours off duty are allowed each day, and, if possible, one afternoon off duty is allowed each week, and half of Sunday.

Nurses who become ill during their term of residence in the hospital are cared for, but the time so lost from their duties must be made up.

A course of lectures is given by the principal of the training-school, and the head nurses.

During their term of residence in the hospital, nurses serve as assistants in the various departments. They derive experience in the management of wards, in treatment-rooms and in operating-rooms, in the special care of laparotomy cases, in the preparation and sterilization of instruments, dressings, etc., and in the treatment of catgut and other ligatures by the most approved methods. They also receive instruction in massage.

Examinations are held at stated periods.

At the expiration of the course, nurses who have passed satisfactory examinations and whose work and conduct have been approved are awarded diplomas.

Further information may be obtained by communicating with the hospital.

The handsome building between Columbus and Amsterdam Avenues, with entrances on 109th and 110th Streets, faces the grounds of the

Cathedral of St. John the Divine, thus affording desirable air space and attractive views.

Most ample provision has been made for accommodation of the nurses. The facilities of the entire second floor are devoted to them. No patients, no house doctors' quarters, no administration offices intrude upon the retirement of this exclusive domain; the nurses reign there supreme.

The apartments of Miss Wilderson, the superintendent of nurses, are most attractive, consisting of sitting-room, bedroom, and bath. Adjoining these is the nurses' dining-room, opening into their sitting-room beyond, a place for social intercourse at all times and a gathering place preceding meal hours. The room is attractively furnished, and through its spacious windows overlooks Cathedral Heights, with the slowly rising arches and minarets of the great edifice, and the beautiful wooded Cathedral Park in the immediate foreground. Each nurse is provided with a bedroom for her exclusive use, thus insuring privacy, comfort, and opportunity for uninterrupted rest either day or night. These attractive little single rooms open upon the long hall on either side, and, respectively, command views in all directions. At either end of this nurses' hall is a luxurious bath-room, fitted up with bath-tubs, shower baths, and every necessary facility.

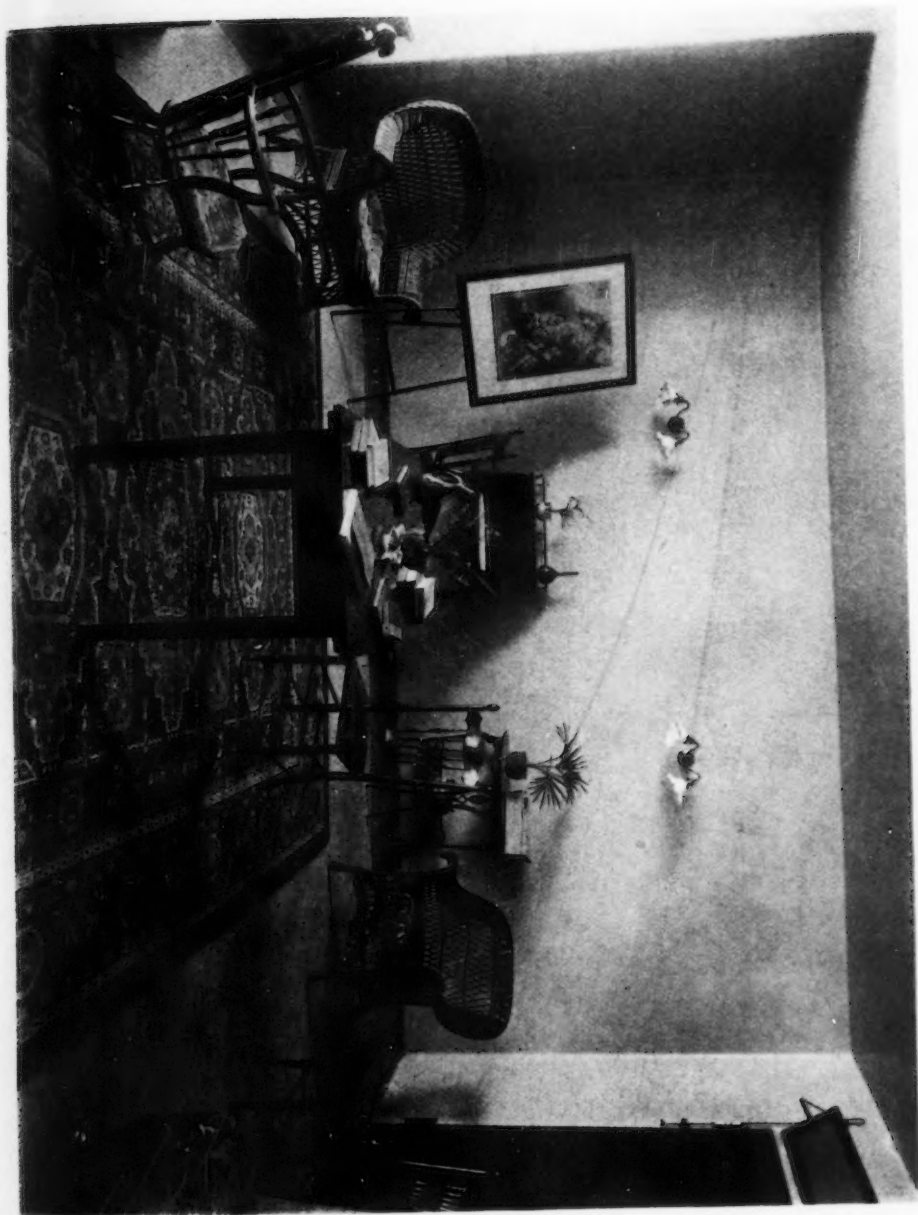
The accommodations of the nurses would be the envy of the house staff were they not provided with equally attractive and desirable quarters in the "doctors' hall" on the floor below. Indeed, in all the arrangements of the hospital, the comfort of the working staff has been kept as constantly in mind as has that of the patients themselves. A feature of interest to the nurses is the fact that the members of the house staff are required to be graduates of some general hospital, and therefore qualified to be of the greatest service to the nurses in imparting at the bedside, in the various classes of cases, instruction in the latest improved methods in administering their work.

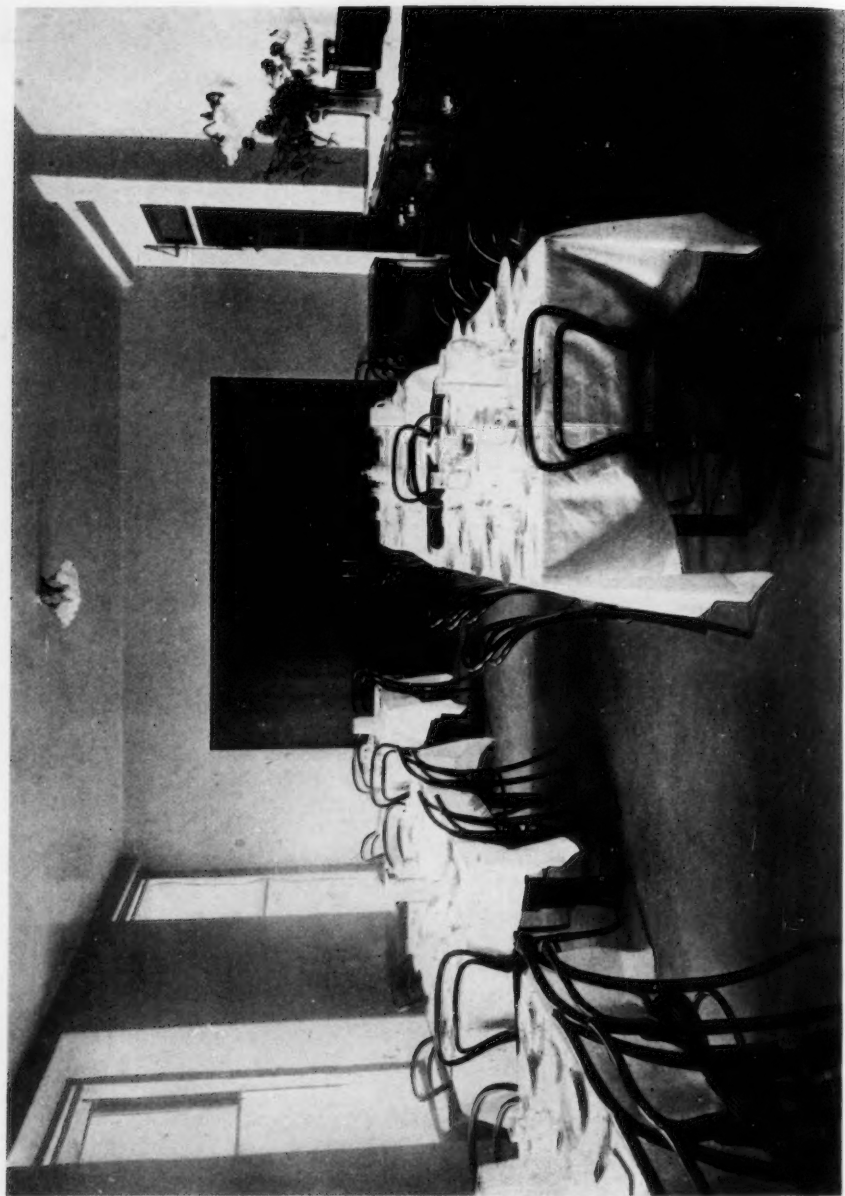
Enough rooms have been provided, it is presumed, to accommodate all the nurses that may be needed in the running of the hospital, so that the student nurses will have rooms as attractive as those of the permanent resident staff.

The new building is the latest structure of the kind completed and opened for the reception of patients in New York. It is in the style of the French Renaissance, and in all that relates to modern sanitation and hygiene is supposed to be the best. Careful inspection justifies expectation. Every cubic foot of air circulating in the building is drawn through cloth filters to remove all impurities, then passes through coils of pipes

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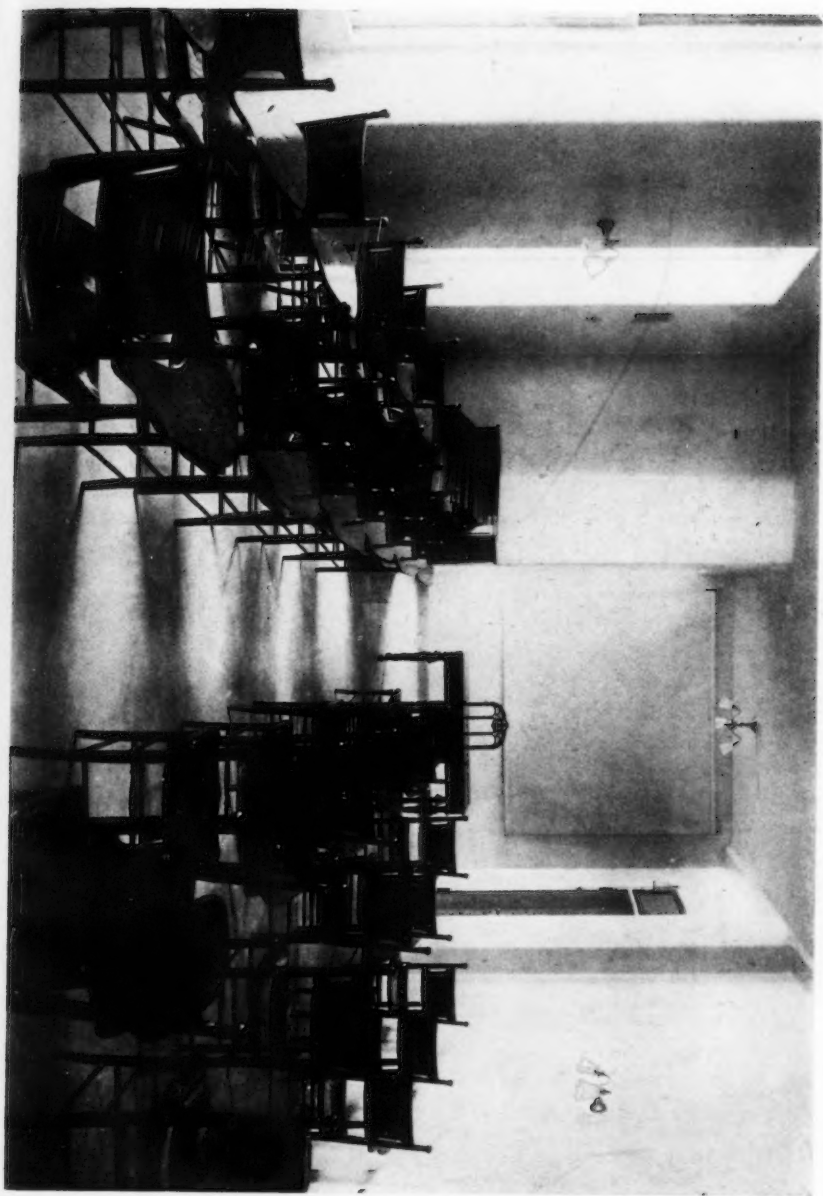
Nurses sitting room





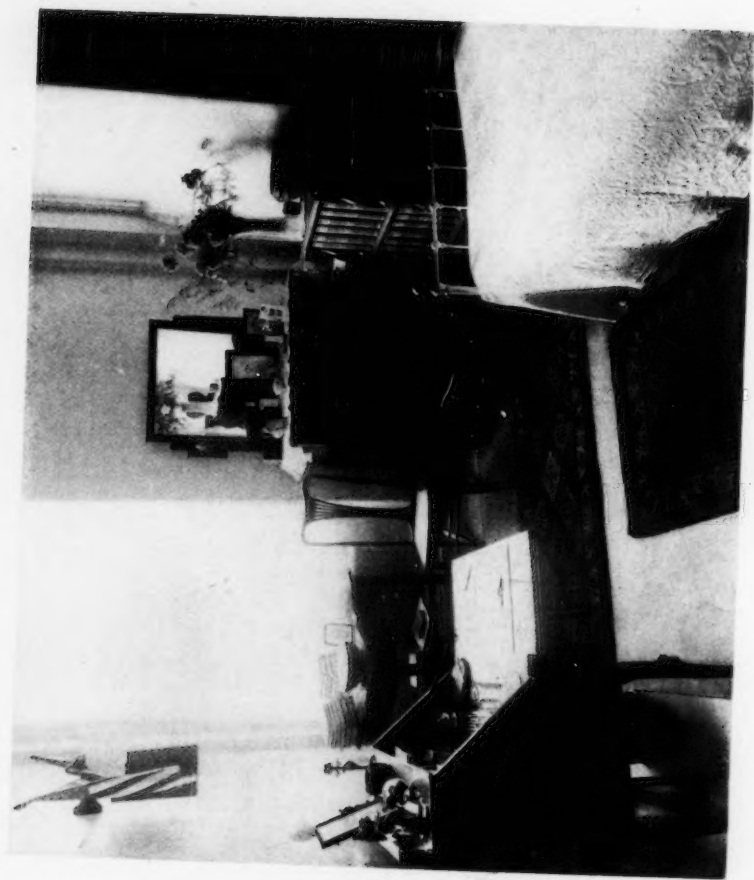
Nurses' Dining Room.

Nurses' Lecture Room.



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heated or cooled, according to the season, to bring it to the required temperature, and then forced into the various rooms through inlets seven feet above the floor. The impure air is drawn out through vents near the floor. This arrangement secures ample circulation without draughts, and renders it unnecessary to open any windows. The air is changed in the wards and rooms every six or fifteen minutes. The private rooms of the nurses and servants, however, are provided with steam heat, under immediate individual control.

A large filtration plant in the basement insures pure water. Every drop of water used in the building is thus filtered, with abundant facilities for sterilization in the operating- and treatment-rooms. The ice-boxes and pantries throughout the building are constructed on the refrigerating plan, thus avoiding the necessity for ice, while the dumb-waiter shafts are heated and the meals thus kept hot in their passage from floor to floor.

The kitchen is on the sixth floor, and no dumb-waiter stops at more than one floor. In other words, each floor has a dumb-waiter for its exclusive use, and there is no danger of its being stopped in its flight from the kitchen to its destination. The serving rooms on each floor are also provided with hot-water trays for keeping food hot.

In antagonism to any possibility of dusty corners or hiding places for microbes are the universally rounded corners. These are found not only at the junction of the ceilings and floors with the side walls, but in the staircases, each step of which joins the next with a curved edge and meets the wall in the same way. All the doors are of solid oak, without panels, and their frames are of smooth, unornamented iron.

All shelves of the linen and other closets are separated from the wall by a narrow space, to allow air circulation and obviate corners for dust.

The wash-basins are supplied with levers that can be manipulated by the foot or the knee, thus keeping the hands, when washed, free from contamination by touching the faucets.

The floors are covered with an asbestos composition—"Taylorite"—that renders them easily cleaned, elastic to the feet, and noiseless.

Protection against fire is assured not only by the fireproof construction of the building but by outside connection for the city fire department hose, a watchman's clock on every floor to keep tab on his vigilance, and four standpipes with hose connection on each floor.

The accommodations for patients are adapted to every condition of life, there being four wards of twenty beds, rooms with two and four beds, and single rooms, with or without baths.

In this up-to-date hospital nothing seems to have been omitted that

surgical and sanitary science could suggest to render it a model institution. It is a liberal education to a nurse to live and work in this atmosphere for a brief six months.

STRENGTHEN THE WEAK LINK IN THE CHAIN

By MARTHA SMITH

Philadelphia

SCIENTISTS are striving to conceive of and evolve ideas along the line of perpetual motion—which is just what the public is asking for in the trained nurse. We can offer them some nurses who understand that their bodies are self-repairing machines that will give them long, willing service of a character which will satisfy the most exacting demand; and it will not be long before every nurse will be trained to understand herself before she begins to try to understand the sick. How can we understand others if we do not understand ourselves?

This self-repairing machine is one we already know of, but few people use this machine, their own bodies, with that understanding of it. A thorough understanding of this idea of the body—the body as a self-repairing machine—on the part of nurses in hospital service would save the management expense, the superintendent uneasiness, and the nurses themselves much uncharitable thinking about many things—which, in itself, would be a conserving of energy well worth having taken a hospital training to learn.

Work is not hard so long as the body is comfortable, and hours are neither many nor long until the mind wanders a distance away from the body. For one who cannot concentrate, there is nothing but fatigue and unsatisfactoriness. Where our thought is, there we are placing our energy; while the mind's instrument, the body, is then working without this energy.

When one has learned to watch the body as the engineer watches his steam gauge, it can be used at any work one chooses for an astonishingly long period of time, and one day after another the year through. Our health is the thing on which our whole life is conditioned. Why not learn to read our bodies as a barometer or steam gauge is read, and so not make, rather than wipe out, conditions? An ounce of prevention is better than a pound of cure, and every one has marvellous power within herself when once the mind willingly lends itself to this study of prevention and preservation, conserving of nervous energy and physical strength.

This applies to the body not only in hospital work (where the hours are long and the work is both hard and trying), but also in that phase of private work and home life where the monotony seems enervating, and the sameness continues to such an extent that it lacks the normal, even necessary stimulation. This, to many people, is a condition very trying on the general health.

Physical training, when taught to nurses, can be dealt with only by going directly to the principle on which all physical exercise is based: teaching this principle as applied to the motions used in making beds, lifting patients, carrying trays, long standing, endurance in hours of working, sitting at attention, and also relaxation for short periods of rest; as along the normal functional lines, keeping in view the fullest range of customary movements, many of which become impaired or lost from lack of accurate use even in these young women, or have not been brought into use.

All nurses are accepted or chosen in one respect for their good physical history and present condition. Few women at the ages when women enter training-schools have had experience or conditions which would test their endurance.

As we look for the weakest link in a chain, so we look upon a nurse who is normal with the view of finding where she would have a tendency to give out when pressed by mental anxiety, long hours, or any undue strain. If we can open the mind of the probationer to the necessity of watching at this point, she is initiated into establishing herself both ways, physically and mentally, even in this new kind of life, which is very extreme to her, and would test any woman, however normal, unless she had great buoyancy of spirit to reinforce her. It is now the duty of all teachers to inculcate in the young a philosophic attitude towards annoyances, disappointments, and even troubles, for these must be met by all, and the nurse seems to suddenly step into more than her share. Why should this teaching be left out of the probationer's course? From a rather thoughtless girl, she now watches herself at this important point, with no prodding or oversight from any one.

A little instruction to the new nurse, more as a note of warning than with any idea of remodelling her, will save her from slipping into the exaggerations of body the advertisements and fashion books of to-day are picturing. The sway back and exaggerated straight front are fashions which may be responsible for a nurse's beginning to give out if she persists in following them, instead of observing the principle of physical poise, when attempting to do long hours of work. How can she know principle when she has been taught only what not to do?

The distressing thought in this is that ninety-nine out of every hundred do not know that the present fashion as pictured in the alluring advertisements is incorrect. If one would think for a moment, it would come to mind that with every physical effort that soft part of the body below the ribs should be gathered together, thus bringing a relatively straight lumbar spine and level pelvis, which compels a normal action of the abdominal wall, by which support of the loosely-attached abdominal organs is maintained.

Every structure, even that of the body, has its foundation under it. This fashionable standing position throws the foundation of the body, the pelvis, back of its upright, causing a sharp contraction in the lumbar region; and, to counterbalance this, a throwing out of the chin, causing a second contraction, high up in the neck. This second contraction of the spine, which throws the chin forward, is the only means by which such a person keeps from falling on the face, or looking like the Leaning Tower of Pisa.

Any heavy lifting or exertion with the spine pressed in these exaggerated curves brings all the strain on the spinal column, leaving the lifting muscles of the front of the body without employment.

To reverse this order of action, use the strong muscles of the thighs and draw the chin in. This holds the head up from the back, freeing these two exaggerated contractions in the spinal muscles, and giving a normal action of the spine itself. The circulation is thus not interfered with.

The other extreme type of woman is the thorough-going house body, who knows nothing of the fashion, and who stands with her pelvis well under her, but has never asserted herself in any form of competition. She has a low chest, is stooped, and emphatically needs to be taught the principle of correct diaphragmatic breathing, which brings out the normal assertiveness necessary that she may hold her own against all odds in this new, strange world she has entered.

In teaching the principles of physical exercise, and not the set of exercises, it has been found that a balance of mind, evenness of temperament, physical endurance, and an ability to see another's point of view, are marked changes which come about, even when the instruction has been given for some physical defect. Especially does this developing of character become noticeable in those who have felt that circumstances have not warranted them in entertaining a big, generous view of life.

When the muscles are properly used they hold the framework without sense of fatigue, because there is no interfering with the circulation; for fatigue is often the result of imperfect circulation, rather than of

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work done. Perfect circulation is simply another term for perfect repairing, because action and reaction are equal.

To watch this perfect physical poise, and give little thought to kind of work or hours required, would be doing the same thing as the engineer with regard to the steam gauge. A body improperly set up cannot be expected to give long hours of service, and it is unfair to demand it until definite instruction is given on this subject, and the nurse shows a practical understanding of the principles.

ARTIFICIAL FEEDING OF INFANTS

By SISTER AMY

Superintendent of Nurses, The Children's Hospital, Boston

THE ideal food for infants is breast milk, but if for any reason the mother is unable to nurse her child, cow's milk can be *modified*. That is, we alter the cow's milk and make it as near the strength and quality of human milk as we can. Necessarily, milk secreted to nourish the calf is not suited to the requirements of the human infant, for not only is there a difference in the *proportion* of food stuffs, but also in the character and behaviour of them. Roughly speaking, the analysis is as follows:

COW'S MILK		HUMAN MILK	
Fats.....	4 per cent.	Fats.....	4 per cent.
Sugar.....	4½ per cent.	Sugar.....	7 per cent.
Proteids.....	3½ per cent.	Proteids.....	1½ per cent.
Salts.....	¾ per cent.	Salts.....	½ per cent.
Water.....	87½ per cent.	Water.....	87 per cent.
	100 per cent.		100 per cent.

HUMAN MILK PROTEID		COW'S MILK PROTEID	
Lactalbumin.....	1 $\frac{26}{100}$ per cent.	Lactalbumin.....	1 $\frac{55}{100}$ per cent.
Casein.....	1 $\frac{18}{100}$ per cent.	Casein.....	3 $\frac{18}{100}$ per cent.

We see by this that the percentage of *fats* is alike, but the globules in cow's milk are much larger and more difficult to digest on account of the large amount of volatile fatty acids present in cow's milk. The *sugar* of both cow's and human milk is identical in composition, it is lactose in solution. The difference in amount, however, is considerable.

The *proteids* of cow's milk are not only present in a much larger proportion than in human milk, but they show marked difference in character.

The *casein* of cow's milk is readily coagulated by rennet, acids, and by gastric juice. The curd formed is tough and firm, and dissolves slowly by the action of the digestive fluids. The casein of human milk is not regularly coagulated, and only slightly and with difficulty by acids. The curd formed by the gastric juice is loose and flocculent, and it is readily and completely dissolved. It is this difference in the *proteids* which presents the greatest difficulty in the use of cow's milk for infant feeding.

The *reaction* of cow's milk, though alkaline when freshly drawn, soon becomes acid, thus we have added the alkali (*viz.*, lime water). Human milk is alkaline. Cow's milk always contains a large number of bacteria, which increase in proportion to the age of the milk. Human milk is either sterile or contains a few cocci from the milk ducts.

As cow's milk is most available for substitute feeding of the infant, we must be sure that it is properly handled. It must be fresh (never over twenty-four hours old), it must contain no preservatives, it should be from healthy animals (free from tuberculosis, etc.), properly stabled and fed. It should be taken from mixed or herd cows instead of from a single animal. The grade cows, or common red cows, are preferable to Jersey or highly bred animals, as the former are stronger, less subject to disease and other influences which affect milk.

We may obtain milk from the laboratory, from selected clean farms, or from stores, but the latter should never be used for an infant if it is possible to prevent it, as it is scarcely ever pure or untainted. Many infants lose their lives or contract severe illnesses, especially in summer, from the poison in store milk.

The laboratories were started in 1893, and undertake to furnish "modified milk" of any desired proportions upon the prescription of the physician. The elements chiefly used in the Walker-Gordon Laboratories are (1) cream containing sixteen per cent. fat, (2) separated milk, from which fat has been removed by the centrifugal machine, (3) a standard solution of milk sugar, twenty per cent. in strength. Prescriptions can be made very accurately from these materials, and lately, by using whey, a second modification of the *proteids* has been accomplished, so that a larger proportion of lactalbumin than casein can be used.

When cream is ordered from a laboratory it should be stated whether "gravity" or "centrifugal" cream is desired. The latter is considered most desirable because it can be obtained from fresh milk, while gravity cream is obtained from milk standing at least twelve hours. All milks from the laboratory are delivered in sterile sealed bottles, jars, or tubes, and may be pasteurized or sterilized to any temperature ordered by the physician. It is very expensive, and is therefore not practical in nursing the poor. It costs from fifty to sixty cents a day at least. A mother or nurse should never order prescriptions of milk without the advice of a physician, any more than a prescription of medicine from a druggist. There can be no set rule for strength of food for infants; each individual case must be studied and prescribed for.

We must next consider *home modification* of milk. One of the most important things to teach the mother or nurse about this is that everything that will be required for this work must be bought for the purpose and kept separate from all common kitchen utensils and scrupulously *clean*. In the first place, it is desirable to have a small nursery ice-chest, if possible (these cost about five dollars), to keep cream, milk, and modified milk in, and to be used for nothing else. This must receive most careful daily cleansing with soda water, and be kept in a clean, cool room. Quart glass jars, or bottles with wide mouths, are best for preparing milk or cream. These must be boiled each day before use, putting on in a clean kettle or sauce-pan in cold water, and bringing to a boil. The hands must be thoroughly washed before handling them. It is desirable to have a clean, light room, apart from the house kitchen, where mixtures can be made. We must instruct the mother to put on a clean apron, to scrub the table or put on a clean table-cloth (well ironed), to wash her hands, and everything that she is going to use, and to keep separate glass towels, freshly laundered daily, ready for use. Besides glass quart bottles, she will need a teaspoon, a tablespoon, a quart measure or glass graduate, a two-quart agate sauce-pan, a Walker-Gordon pasteurizer, with bottle-rack or steamer; a funnel, a two quart pitcher, and absorbent cotton.

Milk may be placed in a glass jar for twelve hours. If fat is not removed the whole quart of milk equals four per cent. fat.

There are three ways to remove cream from glass jars:

1. Pouring.
2. By dipper.
3. By siphon.

The physician's prescription for the modification of milk may call for:

Top Milk.....	4 ounces
Whey.....	20 ounces
Lime Water.....	2 ounces
Water.....	8 ounces
Milk Sugar.....	3 tablespoonfuls

Put six ounces in each of five bottles. Pasteurize at 167°.

The sugar of milk must be measured and put into a clean quart bottle, and the right amount of boiling water poured upon it. It is

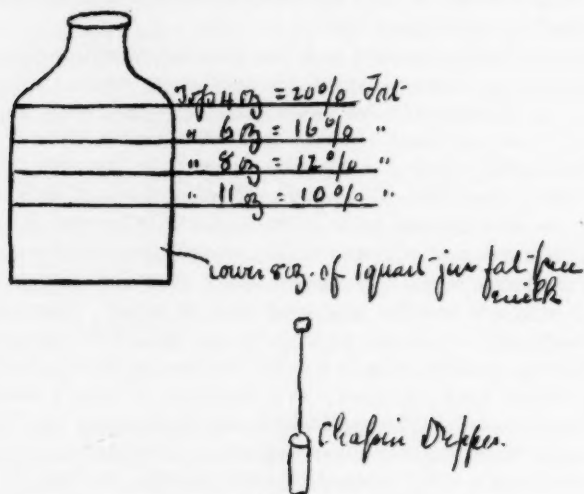


FIG. 1.

then covered and set away to cool; the fat-free milk, and cream are then added. The mixture is then pasteurized at the temperature ordered, cooled, and kept in an ice-chest. The cooling must be done slowly. If taken directly from the pasteurizer and placed on ice, the sudden change of temperature, from 167° to 32°, tends to change the composition of the milk. It may be cooled by placing under running water, starting with warm water and then adding cool as fast as possible, the whole process taking about ten minutes.

To make whey, add a teaspoonful of essence of pepsin or liquid rennet, or a junket tablet, to a pint of skim milk. Heat at blood heat,

about 100° F., until it coagulates. Break up the curds with a spoon or fork. Strain through a handkerchief. What goes through is whey. Heat whey to 150° F. before mixing it with the cream.

When a feeding is required, the mixture is measured and poured through a funnel into the bottle. A cotton stopper is put in, and the milk heated to 100° F. A clean nipple (which is kept in boiled water and soda bicarbonate) is placed on the bottle without handling the pointed end, the bottle is done up in a cosy or napkin (to keep warm), and taken at once to the baby, without handling or infecting the nipple by allowing it to touch the bed-clothes or the baby's clothes, etc.

The baby must be held during the entire feeding, which should take from eight to fifteen minutes, and it should not be amused or distracted from the business of feeding. If the baby takes the food too rapidly, the hole in the nipple is too large, and a new nipple should be purchased. The nipple should be tested by tipping the bottle upside down, and if the hole is the right size the milk will fall drop by drop. If it runs in a stream it is too large. A hole is made by sterilizing a number 9 sewing-needle red hot and puncturing. This operation may have to be repeated once or twice. After feeding, the bottle and nipple must receive immediate attention, washed thoroughly in running cold water, then in hot soapsuds, the nipple turned inside out, and then replaced in soda solution, and the bottle filled with cold water. Once a day the bottle and nipple must be boiled, and all new nipples must be boiled before using.



OPERATING-ROOM PROCEDURES

COMPILED BY KATHARINE DEWITT

PREPARATION OF LIGATURES, ETC.—*Continued*

SILKWORM GUT.—1. Cook County Hospital. Sterilize with each set of instruments.

2. Johns Hopkins Hospital. Cut in lengths 40 cm., wind around fingers, place in tubes, and sterilize one-half hour.

3. Lakeside Hospital. Wash gut with soap and water, rinse well. Sterilize, as above, or boil ten minutes, which makes the gut very pliable, or put two or three crystals of methylene blue in water and boil the gut in that, so giving it a blue color.

4. Presbyterian. Boil white silkworm gut for thirty minutes. To dye it, dissolve extract of logwood, $\mathfrak{z}\text{v}$, copper sulphate, $\mathfrak{z}\text{ij}$, in two pints of water, and boil the gut in this solution five minutes.

Horsehair.—1. Syms Operating-Room. Scrub with a brush, soap, and hot water. Soak for three hours in 1-1000 bichloride. Wash well in 95 per cent. alcohol. Place in tubes, cotton plugged, sterilize for one-half hour, at twelve pounds' pressure on two days.

2. Cook County Hospital. After scrubbing, immerse in sulphuric ether for twenty-four hours. Boil in sterile water twenty minutes. Preserve in 95 per cent. alcohol.

3. Augustana. Silkworm gut and horsehair are prepared in the same way as silk.

Silver Wire.—1. Syms Operating-Room. Boil for one-half hour before using.

Sterilization of Catgut.—1. Johns Hopkins Hospital. First Part. For all sizes: (1) Have sterilizer thoroughly cleaned (with ether) of all alboline; (2) line basket with filter paper full of large holes; (3) drop catgut in loosely and do not fill sterilizer over half full; (4) have top of sterilizer off and all pet-cocks removed; (5) place bulb of thermometer near top of catgut; (6) heat to 85°C . in about one hour; (7) cover sterilizer with card-board top and take one-half hour to raise temperature to $100\text{--}105^{\circ}\text{C}$.; (8) keep temperature at $100\text{--}105^{\circ}\text{C}$. for one-half hour; (9) pour on alboline heated to temperature 100°C . Disturb catgut frequently during drying.

Second Part. I. For No. 1 catgut: (1) Keep at $100\text{--}105^{\circ}\text{C}$. for one hour; (2) raise to 150°C ., remove light and let cool. II. For

No. 2 catgut: (1) Keep at 100–105° C. for two hours; (2) same as above. III. For No. 3 and formalin catgut: (1) Keep at 100–105° C. for three hours; (2) same as for Nos. 1 and 2.

NOTE.—Sterilize only on a dry day and in a dry room. Sterilize only one size or kind of catgut at a time.

All catgut to be cut into lengths 40 cm., ten strands. Wind around fingers into coils. Dry thoroughly in sterilizer with all valves open, allowing five hours for temperature to reach 80° C. and keep between 80° C. and 85° C. for three hours more. Close the valves, turn out the lights, pour on cumol and boil for one hour at temperature 150–165° C. Turn out the lights. Draw off the cumol and allow the temperature to drop to 80° C. Keep at 80° C. for about one hour. Place in sterile tubes direct from the cage with sterile forceps. Hands should be cleaned as for an operation.

The strength of catgut has been found to depend largely on the length of time it is kept after sterilization. If possible, do not use under two months.

2. Augustana. Catgut is prepared by immersing in sulphuric ether for one month; then for one month in strong commercial alcohol, in which one grain of corrosive sublimate to the ounce has been dissolved, the solution being renewed once during this time. It is then preserved indefinitely in a solution of one part of sterilized iodoform, five parts of ether, and fourteen parts of strong commercial alcohol.

3. Syms Operating-Room. To prepare plain catgut without boiling: Mercuric chloride, gr. XV; acid tartaric, gr. LXXV; ether and Columbian spirits, aa 0 i. Soak the raw gut in this solution, No. 0, four hours; 1, six hours; 2, eight hours; 3, twelve hours; 4, sixteen hours; 5, twenty hours. Remove and store in Columbian spirits. May be served from Columbian spirits or 95 per cent. alcohol.

Chromicized Catgut.—1. Augustana. The catgut is immersed in ether for one month, then in a solution prepared as follows: Dissolve one ounce of chromic acid in five ounces of water, and add to this one quart of pure glycerin. Immerse the catgut in this solution for seventy-two hours, then wind on wooden boards or ground edged slides, and place in a solution of one part carbolic acid in five parts of glycerin for two weeks; then preserve indefinitely in the iodoform-ether-alcohol solution described above. It is important to dissolve the chromic acid in water before adding the glycerin, in order to prevent an explosion.

2. Syms Operating-Room. Make a solution of chromic acid, gr. xxx, 5 per cent. carbolic acid, one pint. Place the raw gut loosely in this, so that it will be thoroughly permeated. Soak for four to twelve

hours, according to size, or until it is a warm brown color, then remove and wind tightly on a wooden splint and dry for twenty-one days. Sterilize by boiling in 95 per cent. alcohol fifteen minutes on three successive days, changing the alcohol after each boiling.

3. Montreal General. Chromic acid, one part, to five parts of water. Dissolve thoroughly, and use only the clear solution. Take one part of this solution to five parts of glycerin. This gives rise to a dark greenish or brownish compound with evolution of heat. Pour this compound over the loose catgut immediately. Immerse ninety-six hours. Shake the jar occasionally. The catgut is then rinsed in sterile water, wiped with a sterile towel, and wound on reels. Store in carbolic acid and glycerin, one part to five; it will be ready in two weeks, and will last twenty-one days in the tissues.

4. Cook County Hospital. Soak in sulphuric ether fourteen days. Wind on glass spools. Soak in kali bichromicum gr. v to one quart water twelve to twenty-four hours, according to size. Dry in the sun three days. Boil in ammonium sulphate twenty minutes. (Saturated solution at the boiling point.) Wash in cold sterile water fifteen minutes. Keep in 95 per cent. bichloride alcohol.

5. Presbyterian. First dissolve the oil from the catgut by covering it with ether. Allow the ether to evaporate, then put it into the following solution, keeping it in forty-eight hours or one week, according to size. Keep the jar tightly covered: Catgut (rough German), $\mathfrak{z}\text{i}$; chromic acid, gr. iv; carbolic acid, 95 per cent., $\mathfrak{z}\text{i}$; alcohol, 95 per cent., $\mathfrak{z}\text{xx}$.

Dissolve the chromic acid in sterile water, $\mathfrak{z}\text{i}$, add the alcohol and lastly the carbolic acid. Add the rolls of catgut without winding. Take the catgut out of the solution at the end of the required time, roll very tightly on glass reels, securely fastening the ends. Boil in 95 per cent. alcohol for one hour under pressure. A special boiler is used for this formula.

6. Royal Victoria Hospital. After preparing the catgut by Claudius's method, it is placed for five to ten or thirty hours, as desired, in the following solution: Bichromate of potash, 1.5 grammes; glycerin, 10 grammes; carbolic acid, 10 grammes; water, 480 grammes.

Dissolve the bichromate of potash in the water, then add the glycerin and acid carbolic. Before placing the coils in the solution, arrange them upon a central core or cylinder nearly the diameter of the centre of the coils, to prevent snarling while in the solution; large test tubes do very well for cylinders. When the tubes are removed from the solution, wrap them in a sterile towel, and leave for drying in a tem-

perature not exceeding 40° to 45° centigrade. The drying process should extend over a space of several days, say one week.

Cut the catgut when thoroughly dry into pieces one metre in length, roll on the fingers into small coils, pack into small glass jars, cover with absolute alcohol sublimated 1-1000. With washer and screw top make the jar fluid-tight, put the small jar into a larger one containing from two to four ounces of absolute alcohol. Screw down air- and fluid-tight and sterilize in an Arnold sterilizer for five hours. Remove the cover of the sterilizer and allow the contents to cool gradually.

By readjusting the washer and filling the jars with absolute alcohol, to replace that lost in the process, the catgut is ready for use.

Formalin Catgut.—1. Presbyterian Hospital. Roll the catgut tightly and evenly on glass reels, tie the ends securely, immerse in formalin solution, 5 per cent. for forty-eight hours. Pour off the formalin and immerse in cold sterile water, changing it every hour for forty-eight hours. Boil between layers of non-absorbent cotton for eight minutes, simply have enough water in the bottom of a basin so that a good steam permeates the whole; the catgut must not be in water.

Preserve in the following solution: Alcohol, 95 per cent., 800 parts; sterile glycerin, 200 parts; bichloride mercury, 1 part.

2. Johns Hopkins Hospital. Catgut to be placed loosely on cylinders with ties cut to allow for swelling and held in place by rubber bands. Soak in formalin 10 per cent. form., 100 c.c., water, 900 c.c., for five hours. Remove from formalin. Wash in running water twelve to sixteen hours. Roll the catgut smoothly on wide bandages. Dry thoroughly (four to five days at least). Cut in lengths 40 cm. Wind around fingers into coils.

Iodine Catgut.—1. Royal Victoria Hospital. Claudius's method. The usual commercial variety is placed in a covered glass jar containing 1 per cent. iodine in distilled water, with sufficient iodide of potassium to saturate. After eight days this solution is drained off and the catgut is covered with absolute alcohol, sublimated, 1-1000, from which solution the catgut is used. The iodine is volatile and should be renewed each month (or the solution made fresh for each sterilization). - If the catgut is too long in the iodine solution it becomes brittle.

2. Montreal General. Same as above, except that on taking the catgut from the iodine solution it is put in a sterile container and is used dry.

3. Presbyterian. Same as above, except that during immersion the catgut is kept in a dark closet and is ready for use after the eight days.

Juniper Catgut.—Montreal General. Catgut in lengths of about sixty inches is wound in rings and placed in juniper oil for eight days, transferred to absolute alcohol for forty-eight hours, and stored in sublimated alcohol, 1-500.

Dressings, Gowns, Towels, Aprons, Sheets, Etc.—1. Royal Victoria. Sterilize for one hour at fifteen pounds' pressure, then leave for three-quarters of an hour to dry with the steam on, the door closed, water drained off, and the valve at the top open.

2. Syms Operating-Room. Pack in iron boxes. Sterilize one-half hour at twelve pounds' pressure.

3. Augustana. Put in the steam sterilizer for two hours for steaming and one hour for drying.

Basins, Pans, Jars, etc.—1. Augustana. Boil in soda and water for one hour, then wrap in sterile sheets until used.

2. Lying-in Hospital. Boil twenty minutes in a covered boiler.

3. Syms Operating-Room. Soak for one hour in 1-500 bichloride solution.

Rubber Tissue.—1. Presbyterian. Dr. Webster's preparation. Roll silk on glass slides, boil thirty minutes in 1 per cent. soda solution, allow to stand in cold sterile water for six hours, boil in plain, sterile water thirty minutes, place in 95 per cent. alcohol forty-eight hours. Immerse in gutta percha solution (gutta percha, one part, turpentine, ten parts). Boil in saline solution one hour, store in chinosol solution, 1-500.

2. Cook County Hospital. Scrub with green soap and water, rinse in sterile water, cut in strips, disinfect in bichloride, 1-500, for twenty-four hours, remove solution and let stand in sterile water three hours. Make hands surgically clean, dry the tissue with a sterile towel and wrap it in sterile paraffin paper. It keeps much longer dry than in solution.

3. Syms Operating-Room. After scrubbing and rinsing as above, it is soaked for twenty-four hours in bichloride 1-1000, and is stored in a similar solution or in sterile salt solution. If salt solution is used it must be changed frequently.

Iodoform Gauze.—1. Johns Hopkins Hospital. Gauze, two yards; salt sol., \mathfrak{V} vi or 180 c.c.; iodoform pulv., \mathfrak{V} xii or 48 c.c.; green soap, enough to make soap suds. Mix ingredients thoroughly and rub into gauze.

2. Lakeside Hospital. For eighteen yards of gauze, take iodoform, \mathfrak{V} iv; glycerin, \mathfrak{V} xii; alcohol, \mathfrak{V} xxxii; ether, \mathfrak{V} xxviii. Cut gauze in one-yard lengths. Thoroughly mix iodoform and glycerin, then add

alcohol and ether last. When the ether is added, put the gauze in the mixture, working quickly. The gauze should then be rubbed through the hands, so that the iodoform be evenly distributed. It is well to divide the mixture into two or three portions, the gauze likewise, and to allow two or three nurses to work at one time. Sterilize in autoclave fifteen minutes at ten pounds' pressure. The tubes should be well wrapped in non-absorbent cotton to prevent the gauze from burning.

3. Presbyterian. Same as Lakeside, except that one-fourth more iodoform is used to the same amount of other ingredients. Press the gauze uniformly to preserve evenness of color; too much ether gives a green color. To make this gauze the hands should be prepared as for an operation. Sterile gauze is used.

4. Cook County Hospital. Immerse one ounce of iodoform in bichloride 1-500 for six hours, then pour off the solution. Take one pint saturated solution boric acid and green soap enough to make good suds. Boil for five minutes, when cool, add one drachm of 95 per cent. carbolic and two ounces of sterile glycerin, then the iodoform. Mix thoroughly. This is sufficient for six yards of sterile gauze.

Chinosol Gauze.—Presbyterian. Chinosol, 6 c.c.; glycerin, 13 c.c.; aqua, 128 c.c. Dip strips of gauze in the above solution, hang up to dry, then roll each strip in muslin and sterilize in the steam sterilizer.

Bismuth Gauze.—Johns Hopkins Hospital. Gauze, three yards; bismuth, 3xii; water, 3vi or 240 c.c.; castile soap, enough to make soap suds. Mix ingredients thoroughly and rub into gauze.

Rubber Gloves.—1. Lying-in Hospital. Test for imperfections by filling with very hot water. Wash inside and out with soap and water, then with hot 1 per cent. lysol solution. Dry inside and out and lay in a box with talcum powder, shake briskly, turn inside out and shake again. Place cotton inside each glove and place in a towel. Put them in the steam sterilizer, alone, as far from the flame as possible, for forty-five minutes. If high pressure is used, thirty minutes are enough. When taken out, the gloves, inclosed in the sterile towel, should be wrapped in sterile paper or placed in a clean box.

2. Presbyterian. Soak in cold water, wash in green soap and water, rinse, and dry. Test, and arrange in pairs. Wrap each pair in a separate piece of gauze and boil ten minutes. Boil the gloves in a wire basket, putting a weight on top to keep them under water. The nurse doing this prepares her hands as for an operation and puts on a gown and gloves. Dry the gloves between sterile towels, powder with sterile talcum powder, and roll in towels.

3. Royal Victoria. Sterilize for ten minutes at ten pounds' press-

ure, to be left with the steam off and the door open for ten minutes. Gloves are boiled and patched after using before sterilizing for use again.

4. Syms Operating-Room. Scrub on both sides with a brush, soap and water. Rinse in ammonia water, boil for two minutes, dry, mend, powder on the inside with talcum. Then turn the cuffs back, and do up in two covers, placing a package (about forty grains) sterile talcum powder in each pair. Sterilize one-half hour at twelve pounds' pressure.

5. Cook County Hospital. Boil in sterile water five minutes, or, if wanted dry, wrap in gauze and muslin, place in the sterilizer in moisture, ten minutes, and dry five minutes, at a temperature of 250° F.

Rubber Drainage Tubes.—1. Syms Operating-Room. These are well washed, then boiled for one-half hour in plain water. Store in 1 per cent. formalin solution.

2. Johns Hopkins Hospital. All drains, cut into desired widths, are sewn together, the edges turned in, rolled, and placed in glass tubes with cotton plugs. Sterilize one-half hour with the plugs in. Drains, 6 inches, cut 12½ inches wide; drains, 4 inches, cut 8½ inches wide; drains, 3 inches, cut 6½ inches wide; drains, 2 inches, cut 4½ inches wide.

Renal and Urethral Catheters.—Johns Hopkins Hospital. After using soak in bichloride 1-1000 for one-half hour. Boil for two minutes with stillettes out; boil for two minutes with stillettes in. Place in sterile towels.

Sea Sponges.—1. Johns Hopkins Hospital. Pound sufficiently to break up the large sand cells. Rinse thoroughly in water 12-14 until clean. Let stand in muriatic acid 2 per cent. sol. (20 c.c. muriatic acid, 980 c.c. water) for 24 hours. Then pass them through potassium permanganate 5 per cent. solution; afterwards decolorize in oxalic acid and rinse through two sterile waters. Leave in bichloride 1-1000 for twelve hours. Rinse through two sterile waters then put them into carbolic acid 3 per cent., where they remain. (After passing through permanganate potassium the sponges must only be handled by hands cleaned up for operation.) *Strength of solutions used:* Muriatic acid, 300 c.c.; litres water, 14 7-10=2 per cent.; crude carbolic, 750 c.c.; water litres, 24¼ = 3 per cent.

2. Syms Operating-Room. Wash and pound thoroughly to remove sand. Soak seventy-two hours in 1-500 bichloride. Rinse in sterile water. Store in 5 per cent. carbolic solution; they must be rinsed in cold sterile water before using.

Sound Oil. (Any Oil.)—Syms Operating-Room. Sterilize by boiling ten minutes in a water bath.

Brushes.—1. Lying-in Hospital. Wash with soap and water, rinse, and steam in a sterilizer thirty minutes. Have two jars for the sterile and used.

2. Syms Operating-Room. Boil for five minutes and place in a 1-25 carbolic solution before operation.

Normal Salt Solution.—1. Lakeside Hospital. Common salt, $\mathfrak{z}\text{i}$, add Oi distilled water. Filter and put in Florence flasks. Make stoppers of bandage-gauze and non-absorbent cotton. Tie with small tape. Boil for three consecutive days—15 minutes first day; 10 minutes second day; 10 minutes third day. After each boiling mark the stopper.

2. Johns Hopkins Hospital. Sodium chloride, grms. Vi , mxc, $5\frac{1}{2}$ c.c.; water, litre I (1000 c.c.). Filter through three pieces of filter-paper. One of canvas. Wash flasks thoroughly with soap and water. Plug with raw cotton and gauze covering entire neck of bottle. Sterilize for one-half hour.

Temperature of Salt Solution.—For infusion, 44°C .; for irrigation, abdominal, 38° – 42°C .; for gauze, as hot as desired.

3. Royal Victoria. Sterilize for one hour at fifteen pounds' pressure; let the pressure off very slowly; leave with the steam off and the door open for one-half hour.

4. Lying-in Hospital. Add a drachm of sterile table-salt to a pint of sterile water. A convenient way to sterilize salt is to fill two-drachm vials, cork securely, and sterilize daily for three days, one hour each day.

Iodoform Emulsion.—Lakeside Hospital. Iodoform powder, gr. glycerin, $\mathfrak{z}\text{i}$. Sterilize the same as gauze.

Solutions for the Operating Department.—Royal Victoria Hospital. Lysol, 1-500, $\mathfrak{z}\text{i}\text{ss}$ to Oviii ; creolin, 1-160, $\mathfrak{z}\text{i}$ to Oi ; liquor potassium, 2 per cent., $\mathfrak{z}\text{v}\text{iss}$ to qt. i; normal saline, 6-10 per cent., $\mathfrak{z}\text{i}$ to Oi ; formaldehyde, 1-2000, $\mathfrak{z}\text{i}$ $\text{m}\text{48}$ to Oix ; formaldehyde, 1-20000, miii to qt.i; hydrargium perchloride, 1-1000, $\mathfrak{z}\text{iv}$ to qt.v; potassium permanganate, sat. sol., $\mathfrak{z}\text{i}$ to $\mathfrak{z}\text{xx}$; acid oxalic, sat. sol., $\mathfrak{z}\text{x}$ to $\mathfrak{z}\text{lxxx}$; acid borie, sat. sol., $\mathfrak{z}\text{iv}$ to $\mathfrak{z}\text{lxxx}$; acid carbolic, 5 per cent., $\mathfrak{z}\text{iv}$ to $\mathfrak{z}\text{lxxx}$.

Laparotomy Sheets.—Syms Operating-Room. For laparotomies two sheets are used, one covering the feet and legs, and another, one yard square, with a hole about ten by four inches in the middle, over the abdomen. This last sheet may be changed during the operation as often as necessary. Sterile towels are placed around the wound when the surgeon begins to suture. After the operation is finished, a towel wet in 1-1000 bichloride is placed over the wound while the patient is being carefully dried, and the binder put under, then the dressings are applied and the binder adjusted.

NOTES ON MASSAGE

By HELENE BIERMANN, R.N.

Graduate Training-School of the German Hospital, New York; Instructor in Massage to the Training-School of the German Hospital

MASSAGE, or systematic rubbing and manipulation of the soft tissues of the body, which is often combined with passive, active, and resistive movements, is probably one of the oldest means of relieving bodily infirmities. Some sort of massage and similar exercises have probably been practised at all times, and among a great number of races. The oldest record there is of massage dates back three thousand years, and was written by the Chinese. In Japan, at the present time, massage is almost exclusively practised by blind men.

About two centuries ago the Chinese book on massage was translated into French, and to this is probably due the foundation of our modern massage and the so-called Swedish movements. This also accounts for the use of the terms "effleurage," "petrissage," etc. Somewhat later it is heard of among the Scandinavians and Germans, by whom it was elaborated scientifically. At the beginning of last century, Peter Henry Ling, of Stockholm, introduced his system of movements—not that he had originated, but only systematized them. It remained for Dr. Mezger, of Amsterdam, Holland, to revive massage and put it on a scientific basis. Through his successful work during the years of 1860 to 1874 massage became a recognized treatment everywhere, and, although it is not a cure for every ill, it has proved a successful remedy in such a variety of cases as to show its efficacy.

In massage the skin, muscles, and tissues are stroked, kneaded, squeezed, rolled, and tapped, with the result that

- (1) The function of the skin is improved;
- (2) The flow of the blood and lymph is accelerated;
- (3) Blood is attracted to the surface from internal parts;
- (4) Nerves are stimulated or soothed, as the case may be;
- (5) Effete matter is evacuated;
- (6) Adhesions of soft parts are broken down;
- (7) Swelling and thickening of tissues are reduced;
- (8) Nutrition is improved.

Massage is highly recommended in constitutional ailments as an auxiliary agent to the recuperative power of the body. In disorders

of the digestive and circulatory organs massage will always be found beneficial. Great benefit is derived from massage in disorders of the nervous system, as it has both a sedative and stimulating effect—soothing when applied lightly, stimulating when given with greater force. Invaluable is massage in diseases or injuries affecting the muscles, bones, or joints, such as synovitis, dislocations, sprains, fractures, and rheumatism. In the last-named condition it is often combined with passive, active, and resistive movements. Various forms of neuralgia also yield to the treatment of massage.

Contraindications are acute inflammation, fever, and pus.

The word "massage" is derived from a Greek word, meaning "to knead," and from an Arabic word, signifying "to press." As I have already stated, it has come to us through the French; hence the following terms:

Effleurage—Friction.

Petrissage—Tapotement.

Under the head of *Effleurage* come all stroking movements, which may be carried out either with the slightest touch of the fingers or with various degrees of pressure, exerted by the whole surface of the hand. *Effleurage* acts upon the skin, superficial fascia, and cutaneous nerves, and through the latter impulses are sent to the more deeply-seated nerves. It also stimulates superficial circulation. *Effleurage* is always the beginning and the ending of a massage treatment.

Petrissage is the most important movement in massage. The muscles and tissues are stretched and lifted from the bones; the nerves, blood-vessels, lymph-vessels, and glands are stimulated by alternate compression and relaxation; lymph is forced out of spaces and into lymphatics. By the same compression and relaxation, veins are alternately emptied and filled, so that effete matter is sent onward and a supply of fresh blood is favored. The muscles must be thoroughly gripped and well kneaded, without exerting unnecessary force.

Friction differs from *petrissage* proper in that the muscles are not raised or drawn from the bone. It is done with the cushion of the thumb, or of the fingers, or with the heel of the hand. The cushion of the thumb is placed on the desired spot, describing circles on it without moving the skin. The tissues underneath are worked on each other. The effect of this movement is to squeeze and move on the products of inflammation, to aid absorption, and to stimulate local circulation. Friction should always be interrupted at short intervals by centripetal stroking (*effleurage*).

Tapotement is done with both hands, either simultaneously or alternately, and is carried out by the following methods:

I. With the tips of the fingers, a movement principally applied to the head.

II. With the palmar surface of the hands. The fingers, held straight and close together, strike the muscles evenly and rhythmically, moving in every direction. This movement is suitable and agreeable over the whole body.

IIa. The palms are contracted, so as to form a hollow, or cup. It is used on the abdomen, the thigh, and the back.

III. With the ulnar border of fingers and hands, alternately. This is mostly used on the patient's back.

IV. With the ulnar border of the closed hand; alternately, if both hands are worked. To be applied to arms and legs, but principally to thighs.

V. With the clenched hands, working alternately, used on thighs and buttocks.

With the exception of the last-mentioned method, all *tapotement* should be light, sharp, and springy, performed rhythmically and rapidly. *Tapotement* excites capillary circulation, stimulates nerves, and causes muscles to contract. *Tapotement* is not always used, but chiefly when it is desired to add strength to the treatment.

Massage should never be given except on a physician's orders. When employed as a treatment after injuries and diseases, it should be in the hands of a person who not only possesses the necessary technical skill acquired by painstaking toil in massage, but who has also a thorough knowledge of the movement cure, and understands the nature and course of the disease as well. Massage is either general or local: general, when applied to the whole body; local, when applied to a particular part of the body.

General Massage: Begin with *effleurage* on dorsum and sole of foot, followed by thorough kneading and pressing. Apply *tapotement* to sole. Centripetal stroking (*effleurage*) of leg, followed by kneading, and more or less friction, as the case may call for; *tapotement* to the thigh. For the back, begin with *effleurage* at the base of the skull, employing both hands, and, as they are brought downward, an alternate lateral movement is executed. The same movement can be made upward, kneading with the palms of the hands outward from the spine over the entire back and intercostal spaces, digital friction and *tapotement* following. In some cases special pressure or vibration is applied on both sides of the spinous processes. The manipulations

for the *lower part of the back* are effleurage, kneading as well as tapotement with the ulnar side of the hands over the sacrum. The manipulations on the gluteal muscles should be deep and strong, to penetrate all the deep muscular layers: stroking, kneading, friction with thumb and heel of hand, and tapotement with the clenched hand.

Hands and Arms: Effleurage to each finger separately, friction with the thumb between each metacarpal; on the back of the hand; then the balls of the little finger and thumb are kneaded. Effleurage of the arms follows, by kneading and tapotement with the ulnar side of the fingers.

Chest: Preliminary breathing; effleurage begins on the neck and is carried downward on each side of the sternum; then kneading and friction of the pectoral muscles and intercostal spaces. This manipulation must be carried out more gently than that on the back or limbs, for these tissues will not tolerate being so vigorously manipulated.

Massage of the Breast: Gentle stroking, grasping, and impressing, beginning at the periphery of the breast and working toward the nipple. The parts should be well lubricated, and great care taken to avoid so great a pressure as to bruise the tissues. The manipulation should not be undertaken unless the breast contains milk, as otherwise more harm than good will often be done.

Abdomen: Preliminary deep breathing, chest lifting, effleurage, palm kneading over the whole abdomen, then kneading in the direction of the colon, shaking and vibration. In constipation, the following movements are often prescribed:

- (1) Passive flexion and extension of legs;
- (2) Resistive flexion and extension of legs;
- (3) Passive circumduction of legs;
- (4) Resistive abduction and adduction of legs;
- (5) Active slow raising of legs to vertical position; followed by slowly lowering the legs;
- (6) Slow raising up and lying down of trunk, legs being fixed.

Massage of the Head: Effleurage on forehead, friction on the temples, pressure on each supraorbital nerve, thorough friction over the whole head, thorough moving of the scalp on the skull, double pressure with both hands, with or without vibratory motion, tapotement with finger-tips.

After general massage the patient should have a sensation of comfort, whereas during, and sometimes for a little while after, local treatment pain may often be unavoidable. Duration for local treatment, ten to twenty minutes; for general massage, from twenty

minutes to one hour. The head is not necessarily included in general massage.

Local Massage: To relieve sensitive parts when applying local treatment, administer first derivative massage to the tissues above and below the affected part, especially between the affected part and the heart.

The patient should be clad in a loose gown, and care should be taken to keep the body well covered, with the exception of the part undergoing manipulation. The patient should be placed in an easy and comfortable position, with the joints midway between flexion and extension. The operator should take care to be neither too near nor too far away; if too near the patient, the movements will be cramped for want of space, thereby becoming indefinite and lacking in strength. Apply as much of the surface of the hands and fingers as possible to the part operated upon, in order that no time be lost in working, and also that pressure may be evenly distributed. Each manipulation should be begun moderately, gradually increasing in force and frequency to the fullest desirable extent, and should end as gradually as it was begun.

If more agreeable to the patient, talcum powder or pure vaseline may be used as a lubricant; other greasy substances are to be avoided, as the fingers will slip and prevent the hands and fingers from seizing, grasping, and kneading the tissues; except where the skin is extremely sensitive.

Always bear in mind the anatomy of the body, the outlines of the bones, the location of the principal arteries, veins, and muscles.

[These notes have been compiled by Miss Biermann for the use of her pupils at the German Hospital, and, being the work of a registered nurse who has given special study to the subject both at home and abroad, they are reprinted for the benefit of the JOURNAL readers.—Ed.]



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NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

THE EFFECTS OF KUMYSS IN MALARIAL SUBJECTS.—*The New York Medical Journal* says: "Rodzevitch (*Bulletin médical* and *La Tribune médicale*) reports that kumyss has the power of revealing a larval malarial infection. Thus, within six to twelve hours following the ingestion of one or two bottles of kumyss, a malarial subject will invariably have an attack of typical chills and fever. If quinine be then given in a daily dose of 1 to 1.50 grammes for two or three days, and temporarily continued twice a week, the further administration of kumyss will not produce the phenomena of chills and fever as before. This curious property of kumyss of revealing hidden malarial infection was observed in an establishment devoted to the treatment of pulmonary tuberculosis by the administration of kumyss. Ordinary cow's milk does not produce this reaction."

BEHRING'S TUBERCULOSIS CURE.—*The Medical Record* says: "Professor Behring is taking the first steps toward making his method of antituberculosis immunization available for general use. He calls his remedial agent tulaselactin, and has instituted a course of lectures and practical demonstrations to illustrate its method of administration. The courses are being followed by medical officers of tuberculosis sanatoria throughout Germany, and for all who seek to employ the new treatment attendance is an essential condition, because Professor Behring intrusts the preparation only to those who have qualified under his own supervision. The cable states that Professor Behring is on the verge of a nervous breakdown and will soon enter a sanatorium for treatment."

SCARLET FEVER.—*The New York Medical Journal*, quoting from *The Lancet*, says: "Berry, in an epidemic of three hundred and thirty-one cases of scarlet fever, observed nineteen cases which after apparently complete disinfection and recovery gave rise to twenty-eight other cases."

In one instance the original case occurred in November, 1905, and the "return" case in October, 1906. The writer holds that just as is the case in gonorrhoeal gleet, the infection of scarlet fever may persist, possibly in the nasal chambers, and lie dormant until some suitable condition renders it capable of transmission. Many cases attributed to the harboring of infection in clothing are probably due to infection from the convalescent patient himself."

NITRIC ACID FROM THE ATMOSPHERE.—*The Medical Record* says: "It is announced in the London papers that Sir William Crooks, in conjunction with some of the scientists of the University of Freiburg, has succeeded in discovering a process by means of which nitric acid may be extracted from the atmosphere in such a way as to make it available for commercial, industrial, and agricultural purposes."

WHEN SHOULD LAPAROTOMY PATIENTS GET UP?—*The Medical Record*, quoting from *Berliner Klinische Wochenschrift*, says: "Hartog says that during the last few years it has become the custom in Landau's gynecological clinic to allow laparotomy patients to leave their beds earlier and earlier. The present rule is to allow patients whose incisions were sutured without drainage, if no complications arise, to get up toward the middle or end of the first week, both after abdominal and vaginal celiotomies. The subjective feelings of the patients are largely used as a guide, and if the patient in reply to the question of whether she would like to get up replies in the affirmative there is no objection to her doing so, even two days after the operation. An exception is made only in the case of plastic operations and hernia operations, but the getting up early is regarded as of especial importance and value when there are complicating constitutional diseases, such as diabetes. The author furnishes the details concerning a very considerable number of operations after which the patients were allowed to leave their beds very early, and states that no disturbances in the healing of the wounds were noticed, and that all the patients left the hospital with firm scars and without any form of binder. Although the patients are apt to complain somewhat of discomfort in the wound on getting up early, they are all glad to put up with this in return for the satisfaction of leaving bed so soon. An especial advantage is the greater respiratory activity that is obtained, and this is of importance, particularly in dealing with old persons. Other points of advantage are the increased appetite and better digestive conditions, as well as a lessened tendency to thrombosis and embolism."

BACTERIA IN MILK BOTTLES.—*American Medicine* says: "The host of bacteria that may lurk in a supposedly clean milk bottle has been the subject of investigation by the Wisconsin Experiment Station. Bottles which had been steamed for thirty seconds were found to contain relatively few bacteria—possibly fifteen thousand to a bottle. However, when the steam was allowed to condense and the water so produced to remain in the bottle at room temperatures for possibly twenty-four hours, the number of bacteria multiplied enormously and varied from two million to, say, four million. In a series of steamed bottles exposed to the air for twenty-four hours, but containing no condensed water, the number of bacteria averaged three hundred thousand per bottle, while in a similar series, which had undergone the same treatment in all respects except that they were covered with a clean linen cloth, averaged about the same as freshly-steamed bottles, all of which shows the very great importance of keeping milk bottles, either empty or full, very carefully covered."

AMATEUR OPERATING.—*The Boston Medical and Surgical Journal* says on this subject: "Cases of infection following operation performed with the help of general practitioners emphasize the fact that surgeons should have the aid of trained assistants. In addition to preserving asepsis, team work is essential for modern surgery. Consideration of this subject is necessary because of two lamentable conventions. One often maintained by the general practitioner is that he is privileged to help operate on his own patient; the other inheres in the fear of surgeons that they may slight or offend their medical consultants."

THE CAUSE OF SYPHILIS.—"With very few exceptions, the findings of Schaudinn and Hoffmann regarding the *Spirochæta pallida* have been confirmed, more than four hundred papers now being on record. It seems reasonably certain that the cause of syphilis has at last been discovered. Though at present not much dwelt upon, it seems certain that great practical benefit must result therefrom."

HOME TREATMENT OF TUBERCULOSIS IN PRIVATE PRACTICE.—Dr. J. Brayson Martin, in an interesting paper on this subject in *American Medicine*, says: "The question of food is very important. Simple, nutritious, properly cooked food in proper quantity, at regular hours, is the prime factor. Milk and its products, eggs and other food containing

a large amount of nourishment, yet easily digestible and assimilable, are among the most popular to-day. I might add Sir Sydney Smith's formula: 'Great temperance, open air, easy labor, no care.' The greatest amount possible of *fresh air, sunshine, good food, proper exercise*, enjoined with supervision as far as possible in order to guard against the mistakes of diet, exposure, etc., which arise through ignorance in many ways, are practically all in the line of treatment." A cut of the camp most used by his patients in living and sleeping in the open air is also given.

POSTURE OF FORCED ABDOMINAL FLEXION IN FAINTING.—In an article on Surgical Postures, in *The American Journal of Surgery*, Dr. Martin W. Ware, of New York, says: "This attitude is given to the body of an individual who betrays signs of approaching syncope. It is speedily accomplished by laying one hand on the patient's neck, rapidly seating him, if he be not seated, and flexing the spine to such a degree that the head is brought to lie between the legs. If the patient has already fainted, then he may be placed and maintained in this posture by pressure on the neck as indicated. When only prodromal signs have appeared, the patient may be directed to assume the posture himself.

"The head being dependent, the blood gravitates to it, and the increased intra-abdominal pressure also diverts the blood to the head and prevents its return by the veins. The return of color to the head upon the assumption of this position is therefore very rapid. The posture is unfailing in the certainty with which it restores the patient. It ought to supersede the old advice to lay the patient flat on the floor."

SOLAR HEAT IN SURGERY.—*American Medicine* says: "Observing in the tropics how the intense heat of the sun accelerated the healing of wounds and burns, a French physician, Doctor Asbeck, used the heat of ordinary fire in five hundred cases of burns and wounds, after putting on the usual dressing, and with uniform success."

DIET IN DISEASE.—In a report of a meeting of the Medical Society of the County of Chemung, *The New York State Journal of Medicine* says: "The retiring president, Dr. Theron A. Wales, delivered an interesting address on the subject of foods, pointing out the inability of most physicians to give explicit orders for the preparation of foods for the sick, and emphasizing the need of such instructions to the average nurse,

particularly those not trained in this important accessory of the healing art. Dr. C. W. M. Brown, of Elmira, read a paper on "Diet in Acute Disease," in which he contended for a more careful study of the needs and capacity to digest of the individual patient. He holds that many of the annoying symptoms in acute diseases, particularly typhoid and pneumonia, such as tympany, constipation, diarrhoea, malassimilation, vomiting, etc., may be corrected by a proper diet, and that the toxemia and poor nutrition due to improper diet added to that of the disease may determine the fatal termination of the case. The papers were freely discussed."

EUCALYPTUS OIL FOR LEPROSY.—Beneficial results are reported at the leper settlement of Molokai through the use of a preparation of eucalyptus oil for the treatment of leprosy.



IN THE LIBRARY*

ARE Trained Nurses Over-educated? The Management of Babies;
Neglected Fields of Nursing, and What to Do for Rabies;
The Nurse in Private Duty, and Practical Massage;
Ethics in Institutions, and How to Give Gavage;

A Summer Home for Children, and How Can We Improve?
The War Against Malaria, the Latest Moral Move;
Cooking for the Invalid, and Care of the Insane;
Do District Nurses Nurse?—and other things germane.

No, I am not delirious, nor have I had a fall;
I am reading up on nursing—these are subjects, that is all;
Just a simple sample of the nurse's mental food—
'T is plain that all creation is conspiring for her good.

But still none have discussed her as a sweetheart, wife, or mother.
These are some omissions, and, besides, there are two others.
She ought to know if, when she dies, she'll go to Kingdom Come;
And, if she has a baby, how to disinfect his thumb!

GRACE L. GABLE

*After perusing the bound volumes of THE AMERICAN JOURNAL OF NURSING.

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK

THE PARIS CONFERENCE

THE Conference will be held in the Musée Sociale, 5, Rue Las-Cases, a central and desirable meeting-place, which is, by the great kindness and hospitality of our French hosts, being placed at our disposal without charge. The first session, on Tuesday, June 18th, will be presided over by M. Mesureur, Director of the Department of the *Assistance publique* of Paris, who will open the session with his address, "The Work of the *Assistance publique* for Nursing Education."

As noted last month, the first day will comprise "The Laicisation of Nursing in France," by Dr. Bourneville; "The Early Teaching of Nurses at the Salpêtrière Hospital," by Mme. Gillot; "The Association for the Development of Assistance to the Sick," by Mme. Alphen-Salvador; "The Home School for Private Nurses at Paris," by Mlle. Chaptal; "The Training-schools for Nurses at Bordeaux," by Dr. Anna Hamilton. Further, Dr. Lande, who is a member of the *Conseil Supérieur de l'Assistance publique* and Administrator of Civil Hospitals at Bordeaux, has promised to contribute a paper on "The Organization of Hospitals in the Provinces." It is an agreeable surprise and pleasure to hear that much interest is being taken by physicians of France and Belgium in this educational question, and it is possible that some others of them may contribute to the discussion.

The second session will be presided over by Mrs. Bedford Fenwick, the Honorary President of the Council, in the absence of the President, Miss McGahey. It will comprise "A Hospital Preparatory Course for Nurses," by Miss Nutting; "A Central School Preparatory Course for Nurses," by Miss Huxley; "The Training of the Nurse in the Wards, and the Position and Duties of the Matron," by Miss Isla Stewart; "The Progress of Nursing Education in Germany," by Sister Agnes Karll; "The Status of Nursing in Holland," by Miss van Lanschot-Hubrecht; "Nursing Progress in Denmark," by Miss Saxild; "Nursing Efforts in Italy," by Miss Turton and Miss Baxter; "The Uniform

Curriculum and the Examination for Matrons in Australasia," by Miss McGahey, and the "Hospital Economics Course at Columbia University," by Miss Dock. Discussion will be opened by Miss Mollett.

The opening session of Wednesday, the 19th, will be presided over by Mme. Alphen-Salvador. There will be papers on "The War Against Infantile Mortality" from Germany and France, the work in both of these countries being of a notable character. We have mentioned the District Nursing papers by Miss Amy Hughes and, probably by Miss Fulmer for this session; also the Nurses' Settlement and New York Public School nursing papers, and that by Miss Johnson's on "The War Against Tuberculosis." Further, Miss Breay will deal with "The Scope of the Maternity Nurse;" Mlle. Chaptal will tell of "Assistance to the Wives and Infants of Working-men," and Miss Pearse, Superintendent of School Nurses under the London County Council, will speak of the work of her Staff, while Miss Cartwright will deal with "Private Duty."

On Thursday, June 20, Miss Isla Stewart will preside, and Mrs. Fenwick will open with "The Organization of the Nursing Profession: By its Members: By the State." A "Report on Organization and Laws in the United States" will be contributed by Miss Sly, Inter-state Secretary, and Sister Agnes Karll will describe "The Nurses' Registration Act in Germany." The Nursing Journals whose history has been promised to date are the British, the American, and the German Journals: *Noskomos*, the Holland Journal; the two French Journals, one of Paris and the other of Bordeaux; *The Pacific Coast Journal* and *The Canadian Nurse*, and the Danish Nursing Journal. Replies from Australasia are not yet in.

"The opportunities for Nurses in America," by Miss Van Vollenhoven, of Holland, will be discussed by Mlle. Elston, the Directress of the Tondou Civil Hospital School for Nurses at Bordeaux, who will speak of "International Reciprocity."

Besides the programme, the offers of entertainment are so numerous and so charming that we hardly know how to accept them all. Mrs. Fenwick, who has just been in Paris making arrangements, writes: "There is to be an official reception at the Hôtel de Ville on the afternoon of the 19th; a reception by M. Mesureur at the New Nursing College, in the grounds of the great Salpêtrière Hospital; a reception by Mme. Alphen-Salvador, at her Nursing School in the Rue Amyot; one given by Mlle. Chaptal at the Rue Vercingetorix, where nurse pupils are housed in a lovely old convent. Mme. Alphen-Salvador is arranging for an afternoon at Versailles; and the Baroness James de Rothschild has

also most kindly offered delightful hospitality—a visit to the Château of Chantilly, the royal residence, full of the most magnificent works of art, and left, as we all know, by the late Duc d'Aumale to the nation. Then Mrs. Kelly thinks a trip up the Seine one summer's evening, and dinner on its banks, would be very pleasing, the great week to end up with a banquet on the Saturday evening, when no doubt many reluctant farewells and hopeful *au revoirs* will be spoken."

THE CRIMEA REVIVED

A Life of Sidney Herbert* which has caused quite a ripple of attention on account of some new material contained in it relating to Miss Nightingale and her work at Scutari has recently appeared. Current reviewers have spoken of the "grief and astonishment" that would be felt by Miss Nightingale's admirers on reading it, and, possibly, purely sentimental or superficial critics, such as have idealized Miss Nightingale to a plane of unnatural perfection, or the goody-good writers who have in the past delighted to make a Sunday school heroine of her, will be affected by reading Lord Stanmore's declarations that in her letters she displayed exaggeration of others' defects, and intolerance, and his carefully studied attempt to prove jealousy and impetuosity in her.

But Lord Stanmore does not give the impression of being a fair critic, for he has taken, apparently, the following line of argument:

There was frightful mismanagement in the Crimean campaign. Sidney Herbert has had some of the blame for it. He can be exonerated by showing that Miss Nightingale exaggerated and overcolored her statements, and by discrediting her, so far as possible, as a witness.

This, which seems to us an unmanly position, is also a futile one. It was really not Sidney Herbert's fault that the Crimean medical department was no good, and it is absurdly forced and labored to appear to think it necessary to defend him by making all sorts of derogatory criticisms of Miss Nightingale. Mr. Herbert and Miss Nightingale were working together, not against each other. Her accusations of inefficiency against nearly every one in the Crimea were not made against him, but Lord Stanmore seems to think that in darkening the lines on Miss Nightingale's record at Scutari he is vindicating Sidney Herbert.

We do not now attempt a review of Lord Stanmore's book, for that belongs to another department, but we think his pages show in spite

* "Sidney Herbert, Lord Herbert of Lea," A Memoir, by Lord Stanmore. New York: E. P. Dutton & Company, 1906.

of him that there was only one person at Scutari who combined with knowledge of defects courage to speak the truth and clearness to call a spade a spade. There were many there who knew what was wrong, but they had not her fearless courage. One can easily understand the pain her uncompromising statements would cause to men dyed in the colorless dye of statement so cautious, qualified, and non-committal that it might mean anything or nothing; but that was not a time for writing pleasantly or for making the best of things, and we are firmly convinced that Miss Nightingale's language in describing the officials at Scutari suited the occasion. That she should have received Miss Stanley and the second party of nurses so unwillingly is indeed unexpected, as is also the fact of her having offered to resign. Her own side of the story, however, has never been told fully enough for the public to know what all of difficulty and even of danger there was in the situation to account for what may have been simply an evidence of nerve-strain stretched to the utmost.

A MORAL REFORMER

A GREAT woman—judged by her moral courage and services to humanity—died a few months ago in England: Mrs. Josephine E. Butler, who was the leader of the crusade against state regulation of vice—one of the many causes to which Miss Florence Nightingale lent the influence of her name. *The Woman's Journal* wrote of Mrs. Butler:

She was one of the most remarkable women of her time. She led the seventeen years' fight which ended in the overwhelming repeal of the state regulation of vice in England, and she journeyed through Europe, preaching a crusade against it in three languages, and organizing the friends of humanity against it all over the Continent. A woman of frail physique, but of indomitable courage, rare spiritual gifts, a winning personality, and wonderful eloquence, she accomplished this painful and difficult mission in the face of obstacles that would have appalled a weaker character. She and her colleagues, the noblest men and women of England, were assailed with a foulness of abuse and an intensity of fury almost incredible to-day. Under the evil system that she opposed, shameful injustice and cruelty were inflicted upon helpless women and girls, but it was thought to be a protection to "the public health"—i.e., to male profligacy—and all the world of vice and its sympathizers, high and low, rose up in wrath against her. She and her friends were mobbed; they were vilified in the press, in Parliament, and even in the pulpit. Her husband, the head of a great school, a man of the highest character, lost his position because of his sympathy with her work. For years her name was anathema. She lived to see the brickbats change to roses, the hisses to applause. Better still, she lived to see the wicked system banished from England and a considerable part of the Continent, and seriously shaken in every country of Europe where it still exists. During her later years

she was highly honored and esteemed, and the great International Association for the Abolition of the State Regulation of Vice, of which she was the founder and the guiding spirit, will still carry on her work.

THE GERMAN NURSING ACT

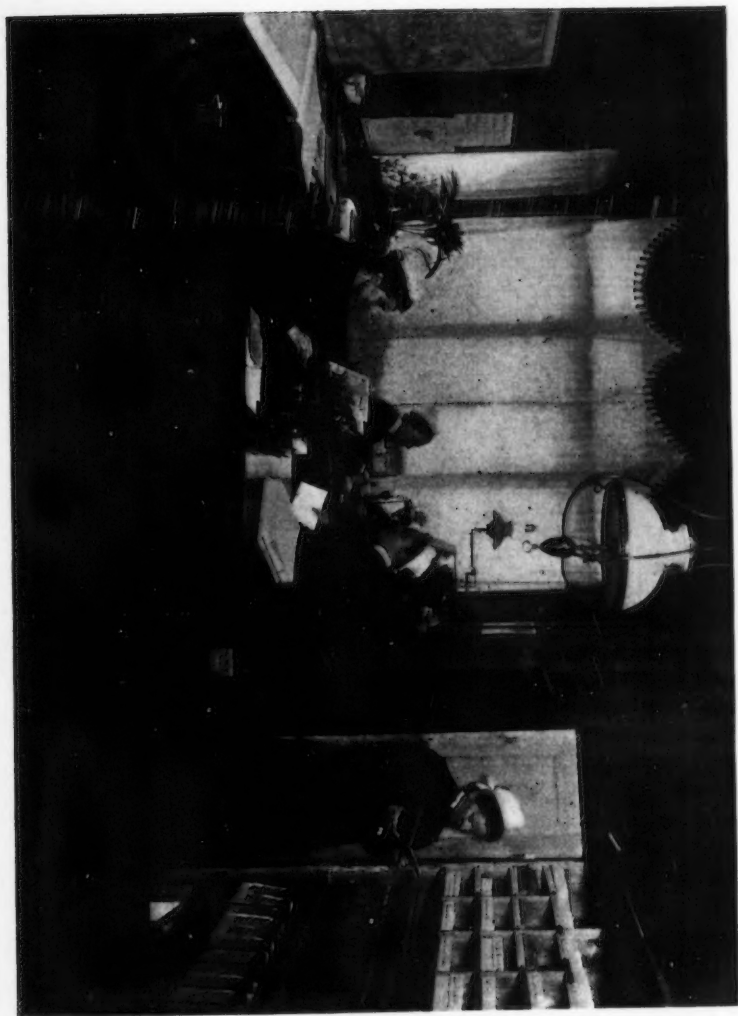
GERMAN letters tell us that the regulations for the state examination in nursing under the law recently passed will be made this spring. Each German state will make its own rules, as our American states do; the law, however, is imperial. The religious nursing orders, such as Sisters of Mercy and Deaconess, are, it seems, not compelled to conform, and do not wish to be covered by the new law. The nursing associations that will actually be affected by it, or which it recognizes, are the Red Cross societies, with their nurse-training work; the *Diakonie-Verein*, and the German Nurses' Association. One of the members of the ministry has said that the passage of the act was the result of the agitation for reforms carried on by the German Nurses' Association. The latter organization not only has the disapproval of the Deaconess upholders, but also the hostility of the Red Cross training-schools, from jealous motives. The German Nurses' Association, under Sister Karll's leadership, is stimulating thorough education and training all over Germany, and as nurses learn the principles of economic equality they will no longer be content to slave for nothing for the Red Cross. Sister Karll is taking an active share in the development of a number of new training-schools. Her position is a responsible one, and the "Bureau" of the sisters is a very busy place (see illustration).

ITEMS

THE Irish nurses have brought out the first number of a new nursing paper, *The Irish Trained Nurse and Hospital Review*. It is owned, edited, and published by nurses. The first League has also been formed in Ireland, among the graduates of the Steevens Hospital.

THERE will be an International Conference, with, possibly, exhibits of Red Cross societies, in London next June, from the tenth to the fourteenth. It would be interesting and easy for visitors to attend these meetings before coming on to the nursing conference in Paris on the 18th-20th.

APPARENTLY all that older countries can only hope to secure through bitterly contested legislation the Victorians have been able to do by



"Bureau" of the German Nurses' Association.

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voluntary agreement between the hospitals and the nurses' association. The smoothness and excellent results of the uniform system of training and examination established by the forty state hospitals in that country in response to the representations of the organized nurses, are beyond all question. The adoption of this uniform system and standard may well be called a triumph for the principle of voluntary coöperation. There is nothing else like it in nursing history.

A QUEEN'S nurse, says *The British Journal of Nursing*, costs the district which secures her services from eighty-five pounds to one hundred pounds a year. The minimum salary to be paid her is thirty pounds, with an allowance of four pounds for uniform. A striking instance of the appreciation of the working classes for the nurses has been shown by the men employed upon some large railway works, who determined to secure one for themselves and their families. For two whole years they worked among themselves in their hours off duty to raise the necessary funds, and have lately achieved their desire. Again, in many of the manufacturing and mining centres, the men agree to a small deduction, such as a halfpenny or penny a week from their wages, and in one or two such cases they are able to pay entirely for the nurse.

As every one who reads the papers knows, the English women have been making heroic efforts to compel the fulfilment of tacitly-made promises to them of the suffrage by the Liberal and Radical Members of Parliament. Nurses, we are proud to say, have not been unmindful of their larger social claims in this agitation. One of them, Miss Olivia Smith, was among those brave female John Browns who went to prison, and a number joined in the great parade the other day. Mrs. Fenwick, in describing the incidents of the march, concluded thus:

"Altogether the little party of matrons and nurses walking together in rows of four, with their Red Cross badge in evidence, thoroughly enjoyed the experience, and they are never likely to forget the great and enthusiastic meeting, crammed to the ceiling, held in Exeter Hall, to demand from Parliament the removal of sex disability in connection with the Franchise. The array of banners, inspiring music, witty speeches, and, most important of all, the deep sense of human responsibility with which every man and woman present appeared to be inspired, combined to make an hour through which it was good to live."

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

A MISSIONARY NURSE

DEAR EDITOR: A letter was received a few days ago from Dr. Andrew Woods, who is associated with the medical work of the University of Pennsylvania, in Canton, China. He says:

Without a good nurse, hospital work will be impossible here. If we get a Chinaman who is sufficiently intelligent to do the work of a nurse, he is absolutely unwilling to serve the patients, considering the work as menial. Hence the doctor is forced to do all the work of nursing, in addition to his other duties.

I want you to keep your eyes open for a nurse who can train Chinese nurses; for if the Chinamen see an educated person, with this as a specialty, actually doing this kind of work, it will dawn on their minds that the work is not beneath their dignity. We doctors might secure the same result by giving up three or four years of practice and training a class of nurses; but it is impossible to do this and continue the work we are now doing. When I was home I met several nurses who spoke of being willing to go to China, and who seemed anxious to do it. I wonder if a desirable combination could be found, a nurse such as I have described who would be self-supporting. It would be a life-work well worth the time of some woman who had the means and whose taste inclined towards such things.

This nurse could go immediately to China, and, while doing a certain amount of work along her line, could also be learning the language in preparation for taking complete charge of the hospital which the University of Pennsylvania is about to build.

Any nurse desiring further information may write to Edward C. Wood, Houston Hall, University of Pennsylvania, Philadelphia, Pennsylvania.

MARTHA GIBSON BYERLY.

THE PREPARATION OF BEEF-JUICE

DEAR EDITOR: In your "Questions and Answers," under "Practical Suggestions," in the February JOURNAL, I notice that some one asks for a good method of preparing beef-juice, so I send the following simple plan which I learned from observing an ingenious junior nurse, who

grew tired of exhausting her muscular energies on a lemon-squeezer, and who lived in an institution where economy was a consideration and the expense of purchasing a good beef-juice expressor out of the question. Cheap ones, of course, were found to be of no use.

I found that she selected fresh rump steak, and prepared it by first wiping off with a clean damp cloth and then cutting it up into quite small cubes. These were placed in a glass jar, which was stood in another vessel of warm water (you can also add a little water to the beef if you so desire). After standing this way for about an hour or so, the beef was placed in a colander, and a saucer, which did not fit closely to the edges of the colander but rested immediately on the meat, was placed over it. On this saucer she put several ordinary bricks, wrapped up in paper or in a towel, and then stood the whole in a pan which would catch any of the juice that squeezed through, although we found that it usually collected on top and could be better poured off. My nurse used to prepare hers late in the evening and allow it to stand all night in a place that was *not* cold, and in the morning her beef-juice was all ready, and with very little expenditure of energy. Of course much depends upon the number and weight of the bricks or flatirons, or whatever pressure you may use, but by this method the juice practically *prepares itself while you sleep*, and it is quite handy to adopt in private nursing, when you cannot obtain all these nice machines that are part of the proper equipment of a well regulated hospital.

During the preparation all utensils and atmosphere should be neither too hot nor too cold, which interferes by coagulating; but under conditions favorable to hemorrhage.

BRITANNIA.

DEAR EDITOR: Apropos the question in THE AMERICAN JOURNAL OF NURSING for February, "Can you tell me of a good method to extract juice from fresh beef?" I beg to offer the following information: A "beef-tea press" is made by Silver & Co., Brooklyn, New York, which is ideal for the purpose of extracting beef-juice. The press is small, being about four or five inches high and from three and a half to four in circumference. It is obtainable in the department stores in New York City at about twenty-five cents, or could be obtained from the makers, no doubt, at a very low price. I used one of these presses for the first time this winter, while nursing a typhoid case, and found that where I had been able to secure not more than four ounces of juice from two pounds of meat by using the lemon squeezer, seven ounces was easily obtainable with the beef-juice press. Before using, the meat should be

seared in a hot pan, after having been cut in pieces about two inches square.

I consider this press a valuable accessory to a nurse's outfit.

A. B. DAVIS.

THE QUESTION OF RATES AGAIN

DEAR EDITOR: In the JOURNAL for February there is an article among the "Letters to the Editor," "What Is a Fair Rate of Charge?" and among "Questions and Answers" the same query by I. H.

About laundry, I never charge for it at all. I charge twenty-five dollars a week, except in contagious cases, when, of course, prices vary and the laundry is cared for. It always seems to me that the necessity for a trained nurse in the house means also the necessity for extra work of all kinds, regardless of the nurse, and, as our mission is to be a help, I think the laundry done outside and no comments on it is the most helpful way, particularly as I always wear white and try to keep clean. There are occasions in a large household where the laundress is expected to do all the laundry work, including the nurses'. This, of course, is very much the easiest way.

In regard to the other question, about charges, if the first patient I go to is convalescent when another member of the family falls ill, it seems to me the right thing to take care of both, and if more attention is required than I can give I ask for another nurse. Extra pay will not make more hours in the day, nor more strength. One family I have taken care of in a variety of ailments. The mother was delivered, the baby splendid. When the baby was six weeks old the three other children had bronchitis, one after the other. By this time we had a nurse-maid for the new baby. The mother still needed care, as she was frail. I took care of all of them, with the help of the German nursery governess and the nurse-maid. They were not sick enough for another nurse to be called in. I never before heard that we were paid twenty-five dollars for one patient.

MARY R. HUMPHREY, R.N.

EXTRA PAY AND LAUNDRY

DEAR EDITOR: Once when I received a call for diphtheria it was stated that there would be two patients, and as the family was well to do and the work hard I asked thirty-five dollars a week: twenty-five dollars for the case, five dollars because it was contagious, and five dollars extra for the second patient. The family thought it fair, and willingly paid it.

At another time, on a long case, I was called upon at different times to nurse seven other members of the family, with grip, tonsillitis, etc. One had a light case of pneumonia, and a history sheet was needed for a week.

When pay day came (the family were abundantly able to pay) nothing was said by either party about the extra seven patients.

Some people think twenty-five dollars a week pays for every minute of the day and night for seven days, and that they are entitled to all a nurse can do in that time.

In our state (Iowa), when pupil nurses are sent out, the patient is expected to have the laundry done for the nurse, I understand, but public sentiment seems to be that a nurse who gets twenty-five dollars a week is expected to pay for her own laundry, be it done in the family or sent out. In three and one-half years I have never had a piece done in a patient's house, and have had the offer just twice.

N. E. B.

WHAT IS THE NURSE'S DUTY WHEN DOCTOR IS CARELESS?

DEAR EDITOR: What is a nurse's duty when a doctor calls on a scarlet-fever patient and makes no change of clothing on going in or coming out, and, when a doctor's gown is offered him, says: "It is not necessary"? This has happened three times, and I have hinted and hinted about it. One doctor brings his medicine-case and unpacks it in the room, and takes his time to putting up the medicines, even staying much longer than necessary, visiting with the patient. He is the kind who does not love trained nurses to begin with; but even then is it the nurse's duty to let it happen every time he calls? What do other private nurses do? There must be other physicians like these. They seem to be common enough in the country towns.

IOWA.

[From the old-fashioned standpoint, a nurse should be silent; but we believe the time will come when a nurse will be expected to report such carelessness to the Board of Health. She is not serving the doctor, but the family, and she should have an obligation to the public.—Ed.]

THE ADVANTAGE OF THE THREE YEARS' COURSE

DEAR EDITOR: Upon reading Dr. Bristow's paper in the last number of *THE AMERICAN JOURNAL OF NURSING*, and seeing the editorial call for expression from the rank and file as well as from superintendents, I

wish to express my conviction in favor of the three years' course of training. While it is true that the third year does not make a good nurse of a poor one, nor does it give her the instruction in the essential knowledge of practical work, still the responsibility which the third-year nurse has is of much benefit to her. She has more time to apply her knowledge and observe details, which can better be brought out in the hospital, with its numbers for comparison, than in the one case at a time of private work. Above all, it gives her poise. Personally, I am a college graduate, and so have spent four additional years in preparation for my life-work. I would not give up one of them, nor would I choose a training of only two years. To me the profession means more than a mere means of support.

SUSIE A. WATSON

Newton Hospital Training-school.

DEAR EDITOR: During the past year and a half a number of well known physicians and nurses in New York City and vicinity have been much interested in a small washing machine which is intended to wash only small articles, and is especially adapted to articles of a disagreeable or unsanitary nature. The process is entirely mechanical, it not being necessary for the hands to come in contact with the article, soap, water, or effete matter. It is often an embarrassing experience, when a nurse is called into the household of a strange family, to know what to do about such articles as bands, towels, and other small pieces, when they are in constant demand, and the supply on hand is small, as it is in many families of moderate means. Such articles are often not only disagreeable but unsanitary to have lying around until the arrogant maid-of-all-work condescends to attend to them; and I am sure it has been the experience of many trained nurses that when sickness comes to a household servants are apt to become disorganized and disgruntled, especially if extra work, such as washing, is entailed upon them. In many instances the washing of small necessary articles is by no means agreeable matter, whether it falls to the lot of the maid, mother, or trained attendant. Nevertheless, it is work some one must do. Physicians are cautious, and nurses become burdened with the responsibility, which should in no way fall to them, of providing some means for the care of such articles. In consequence, they are sometimes forced into a most unpleasant position, and complaints are unfairly made because, through no fault of theirs, affairs are not running smoothly. This little machine has been in use for a year or more in The Babies' Hos-

pital, and has been put to severe tests and given excellent satisfaction. I know that a badly soiled diaper has been perfectly cleansed in three minutes' time and there has been absolutely no odor from the washing. This washer, which can be made either portable or stationary, should be of great value in obstetrical nursing, and also in the nursing of sick infants, especially when small pieces are being soiled so fast that it is impossible to get them to the laundry and returned quick enough to supply the demand. It is very useful in cases of contagious diseases, as it is not always safe to trust an ignorant person with the care of the clothing which comes from an infected patient. After thoroughly disinfecting all articles of clothing, such as shirts, night-gowns, towels, handkerchiefs, etc., the nurse can put them in the washer and in a few moments have them absolutely clean. The inventor of this machine is a practical plumber by profession, who has many inventions of value to his credit. In constructing it he had in mind the comfort and health of the mother and her little family, but I believe it is sure to prove a boon to nurses.

MARIANNA WHEELER,

7 West Ninety-second Street, New York.



OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y. The pages close on the 18th of the month.]

ANNOUNCEMENTS

THE Thirteenth Annual Convention of the American Society of Superintendents of Training-schools for Nurses will be held in Philadelphia, Pa., with headquarters at The Rittenhouse, Chestnut Street below Twenty-second, on May 8, 9 and 10, 1907.

Occurring just previous to the Annual Convention of the Associated Alumnae and on the direct route to Richmond, Va., the stopover in Philadelphia will make a delightful break in the tiresome journey that many will have to take to get to Richmond.

The meeting promises to be more than ordinarily interesting, the subjects to be discussed vitally important to the nursing situation at present and to its future development.

The hospitality of Philadelphia needs no comment—it can always be depended upon.

HOTEL RATES

At The Rittenhouse, European plan from \$2.50 with bath and \$2.00 without bath. American plan, \$4.00 with bath and \$3.50 without bath, per day.

The Walton, corner Broad and Locust Streets, European plan, same rates.

The Colonnade, corner Chestnut and Fifteenth Streets, rooms from \$1.00 up.

An early application will secure a choice of rooms at The Rittenhouse.

NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA

Commissioner Macfarland yesterday appointed five graduate nurses, nominated by the Graduate Nurses' Association of the District, to constitute a nurses' examining board, provision for which is made in an act of Congress providing for the registration of nurses within the District.

Those selected by Mr. Macfarland are:

Mrs. Sarah I. Fleetwood, graduate of Freedmen's Hospital, Washington, D. C., for the term expiring June 30, 1908;

Miss Myra Drake, graduate of National Homeopathic Hospital, Washington, D. C., for the term expiring June 30, 1909;

Miss Katherine Douglass, graduate of Providence Hospital, Washington, D. C., for the term expiring June 30, 1909;

Miss Elizabeth M. Hewitt, graduate of Columbia and Children's Hospital, Washington, D. C., for the term expiring June 30, 1910, and

Miss Lily Kanely, graduate of the Connecticut School for Nurses, New Haven, Conn., for the term expiring June 30, 1911.

EXHIBIT AT THE RICHMOND CONVENTION

AN exhibit of printed matter from the state association is being arranged for at the coming Convention of the Nurses' Associated Alumnae. Officers of the state associations are requested to send copies of by-laws, circulars, reports, and membership application blanks. Copies of application blanks for registration are also requested and all rules and regulations of Boards of Examiners, with certificates of registration. Send also a copy of the law of your state regarding the registration of nurses.

It is especially desirable that we have a complete exhibit, and ample accommodation will be arranged for each affiliated state association. Let each member see before May 1st that the space allotted to *her state* will not be left vacant. Send exhibits to Miss Elizabeth G. P. Cocke, Box 22, Bon Air, Virginia.

SARAH E. SLY, Interstate Chairman,

ANNIE DAMER, President Nurses' Associated Alumnae.

THE Paris Conference will be held in the Hall of the Musée Sociale, in the Rue Las Cases, near the Pont de Solferino and the Quai d'Orsay. There will be morning and afternoon sessions on Tuesday and Wednesday, the 18th and 19th of June, and one long session on Thursday, the 20th. M. Mesureur, the Director-General of the Department of the *Assistance publique* of Paris, will act as an Honorary President, and will open the meetings.

Headquarters of the council will be announced.

L. L. Dock, Secretary.

IMPORTANT TO DELEGATES

The Chairman of Committee on Arrangements asks that delegates and visitors to the Convention of the Associated Alumnae will notify him at the earliest possible call of the reservations they wish at the hotels, particularly at the Jefferson Hotel which is to be the Convention Headquarters.

Another large Convention will be held in Richmond on May 16, and it is best for the nurses to have their rooms reserved as soon as possible.

ELIZABETH R. PRESTON COCKE,

Chairman of Committee on Arrangements.

REGISTRATION OF NURSES

Nurses' Examining Board of the District of Columbia will hold examination of applicants for registration, May 1st, 1907, at Providence Hospital.

Apply to (Miss) Katherine Douglass, Secretary and Treasurer, 320 East Capitol Street, Washington, D. C.

THE ASSOCIATED ALUMNÆ MEETING IN RICHMOND

THE Tenth Annual Convention of the Nurses' Associated Alumnae of the United States will be held at Richmond, Virginia, on Tuesday, Wednesday, and Thursday, May 14, 15, and 16, 1907.

The Jefferson Hotel is to be the headquarters of the Convention, and the sessions will be held in the auditorium of the hotel.

The books will be open for registration of delegates on Monday evening, May 13th, and on Tuesday morning, May 14th, from eight o'clock until twelve o'clock, noon.

Affiliated associations with large memberships may send delegates with power to vote by proxy, such delegates to bear credentials showing the number of votes to which their organization is entitled.

Permanent members shall bring credentials from their organizations. They shall be entitled to attend all general sessions of the annual meeting, and to participate in debate on professional and ethical subjects. They shall continue in these privileges so long as they remain in good standing in their organizations, and after attending three consecutive meetings they shall be entitled to vote, and shall be eligible for reelection as officers or delegates at any time.

All nurses in good standing in affiliated organizations may attend all general sessions of this association, but shall not be entitled to the privilege of vote or debate. They shall present a card of admission signed by the president of their organization.

The Treasurer, Miss Anna Davids, 128 Pacific Street, Brooklyn, New York, requests that dues be paid at the time of registration.

Any nursing organization which shall neglect to pay its annual dues (ten cents per capita) for any year, shall not be entitled to send delegates to the annual meeting of this association of that year.

Any organization which shall fail to pay its dues for two successive years shall cease to belong to this association.

The chairman of the Committee of Arrangements, Miss E. R. P. Cocke, P. O. Box 22, Bon Air, Virginia, submits addresses of hotels, and will be glad to give any additional information needed by delegates, as will the Secretary.

HOTEL RATES IN RICHMOND

THE JEFFERSON, West Franklin Street (the headquarters of the Convention). European plan. \$1.50 per day and upwards, without bath, and according to size and location of room.

Single rooms, with bath, \$2.50 per day.

Double rooms, with bath, \$4.00 per day.

The Jefferson has some very large rooms, and if parties prefer going together in these rooms (four to six in a room), a special rate of one dollar (\$1.00) each person, per day, will be made.

THE RICHMOND HOTEL, Grace and Ninth Streets. European plan. \$1.50 per day and upwards.

MURPHY'S HOTEL, Broad and Eighth Streets. European plan. \$1.50 per day and upwards.

These two hotels are about a dozen blocks from the headquarters and auditorium.

THE GUERRANT, No. 4 South Fourth Street. American plan. \$1.50 per day and upward.

THE INSIDE INN (the only hotel on the Exposition Grounds)

European plan, without bath (two persons in a room), includes breakfast, privileges of the Inn, admission to the Exposition Grounds after the guest has registered at the hotel, \$2.50 per day per person. If the room is occupied by only one person, one dollar extra will be charged.

American plan, without bath (two persons in a room), includes breakfast, luncheon, one dollar evening table d'hôte dinner, with wine; privileges of the Inn, admission to the Exposition Grounds after the guest has registered at the hotel, \$3.50 per day per person. If the room is occupied by only one person, one dollar extra will be charged.

HOTEL RATES IN NORFOLK, VIRGINIA

THE ATLANTIC HOTEL. \$3.00 per day per room. The rooms are large and will accommodate three persons comfortably, making a very low rate for each one.

THE MONTICELLO. European plan. \$5.00 per day and upwards, two persons in a room.

BOARDING HOUSES

MISS PITZER'S, 115 East Franklin Street. \$1.50 per day and upwards.

MRS. ABBOTT, 201 East Franklin Street. \$1.50 per day and upwards.

THE MOUNT VERNON, Mrs. Hurter, 215 East Franklin Street. \$1.50 per day for two in a room.

MRS. A. B. CAMN, 520 East Grace Street. \$1.50 per day.

MRS. B. S. SMITH, 300 East Grace Street. \$1.50 per day.

All these are within eight or ten blocks of the Jefferson Hotel, and the rates given include meals.

MRS. JOHN CRINGAN, 1 North Third Street. Rooms and meals. Second floor, two large rooms, four persons in a room, \$2.00 per day each, including meals. One smaller room, two persons, \$2.50 each, including meals.

Meals served to outsiders at fifty cents each meal.

MRS. MARY KENT, 1 North Third Street. Third floor rooms only. Four persons in a room, 75 cents each. One smaller room, two persons, one dollar per day each.

Meals can be had at Mrs. Cringan's, second floor, same building, at fifty cents each.

Colored delegates or visitors can obtain accommodations at THE TRUE REFORMER'S HOTEL (colored). Rates on application.

COMMITTEES

Arrangement: Miss Elizabeth R. Preston Cocke, Chairman, P. O. Box 22, Bon Air, Virginia.

Entertainment: Miss Eloise Johnson, Chairman; Mrs. Lewis Williams, Mrs. W. Lowndes Peple, Mrs. D. Meade Mann.

Hotels and Trains: Miss Lilly Price, 118 North Third Street.

Guides: Miss Emily Jones, 220 South Third Street.

Registration: Miss Baumgardner.

Programmes: Miss Agnes Johnston, 509 North Twenty-fifth Street.

Committee on Hotels and Trains for Norfolk, Virginia: Mrs. S. T. Hanger, Chairman, 7 Waverly Boulevard, Portsmouth, Virginia,

OUTLINE OF PROGRAMME OF CONVENTION

THE Treasurer and Secretary have arranged to be at the Jefferson Hotel on Monday evening, May 13, 1907, to receive any delegates who present themselves for payment of annual dues and for registration.

The books will be open for payment of annual dues and registration of delegates on Tuesday morning, May 14, from eight o'clock until twelve o'clock, noon.

The Convention will open on Tuesday afternoon, at two o'clock sharp.

In addition to the papers mentioned in the March number of the *THE JOURNAL*, one on "Nursing in County Almshouses" has been promised from Michigan, and one from Virginia on "Work Among the Mountain Whites."

The proceedings of Wednesday and Thursday will be routine, except for papers and discussions.

NELLIE M. CASEY, Secretary.

2103 Chestnut Street, Philadelphia, Pennsylvania.

STATE OF NEW HAMPSHIRE—1907

AN ACT

To provide for State registration of nurses. *Be it enacted by the Senate and House of Representatives in General Court convened:*

SECTION 1. Any resident of the State of New Hampshire, being over twenty-one years of age and of good moral character, holding a diploma from a training-school for nurses connected with a hospital giving a course of at least two years in the hospital and registered by the Regent of the State Boards of Medical Examiners as maintaining in this and other respects proper standards, all of which shall be determined by the said Regent, and who shall have received from the said Regent a certificate of his or her qualification to practise as a registered nurse, shall be styled and known as a registered nurse, and no other person shall assume such title, or use the abbreviation R.N. or any other words, letters, or figures to indicate that the person using the same is such a registered nurse.

Nothing contained in this act shall be considered as conferring any authority to practise medicine or undertake the treatment or cure of disease in violation of the medical practice acts of the State of New Hampshire.

Any persons from other states registered by the said Regent as maintaining standards not lower than those provided by this chapter, who shall show to the satisfaction of the said Regent that he or she is properly and duly registered for the practice of professional nursing in such states, upon the payment of the usual fees for certificate provided by this act, shall be entitled to a license to practise professional nursing in this state without an examination.

SECTION 2. Upon the taking effect of this act, the Graduate Nurses' Association of New Hampshire shall nominate for examiners ten of their members,

who have had not less than five years' experience in their profession, and at each annual meeting of said association thereafter two other candidates. The Regent of the State Boards of Medical Examiners shall appoint a board of five examiners from such list. One member of said board shall be appointed for one year, one for two years, one for three years, one for four years, and one for five years. Upon the expiration of the term of office of the examiner, the said Regent shall likewise fill the vacancy for a term of five years and until his or her successor is chosen. An unexpired term of an examiner, caused by death, resignation, or otherwise, shall be filled by the Regent in the same manner as an original appointment is made. This board of examiners shall also act as inspectors of training-schools.

The said Regent, with the advice of the board of examiners above provided for, shall make all necessary rules for the examination of nurses applying for certification under this act. Each person so applying for certification, or for examination and certification, shall be charged a fee of five dollars (\$5.00), which shall be used to meet the actual expenses of the Regent and board of examiners. From the fees provided by this act, the Regent shall pay all proper expenses incurred by its provisions, and any surplus at the end of any year shall be retained by said Regent as a special fund for meeting expenses which may be incurred in any subsequent year. The members of the examining board shall be paid by the Regent the sum of five dollars (\$5.00) for each day actually engaged in the service, and all their legitimate and necessary expenses. Said fees and expenses shall be paid from fees received under the provisions of this act, and no part of the same shall be paid out of the state treasury. The said Regent shall report annually to the governor the receipts and expenditures under the provisions of this act, and shall be held accountable therefor.

The said Regent may revoke any such certificate granted by him for sufficient cause after notice in writing to the holder thereof and a fair hearing thereon. Such notice shall be given by the Regent to the party complained of at least fourteen (14) days before the day of hearing, and shall contain a statement of the grounds upon which the complaint is based. The hearings upon such complaints shall in all cases be conducted in private, except upon the special request of the party complained of. No person shall thereafter practise as a registered nurse under any such revoked certificate.

SECTION 3. The Regent of the State Board of Medical Examiners may, upon the recommendation of said board of examiners above provided for, waive the examination of any graduate in good standing holding a diploma from a training-school connected with a hospital giving a training of not less than two years, and of such persons now in training at the time of the passage of this act in a hospital giving a two-years course and shall hereafter be graduated who shall apply in writing for such certificate within three years after the passage of this act, and shall also grant a certificate to any nurse of good moral character who has been engaged in the actual practice of nursing for not less than three years next prior to the passage of this act who shall satisfactorily pass an examination in practical nursing within three years hereafter.

SECTION 4. Nothing in this act shall be construed to affect or apply to the gratuitous nursing of the sick by friend or members of the family, and also it shall not apply to any person nursing the sick for hire, but who does not in any way assume to be a registered nurse.

SECTION 5. Any violation of this act shall be a misdemeanor, punishable by a fine of not less than \$50.00. Any person who shall wilfully make any false representation in applying for a license shall be guilty of a misdemeanor, and upon conviction be punished by a fine of not less than \$100.00 nor more than \$500.00

SECTION 6. This act shall take effect on its passage.

STATE MEETINGS

VIRGINIA.—The Graduate Nurses' Examining Board of Virginia held its fourth annual meeting at the home of the president, 108 North Seventh Street, January 19, 1907. All members of the board were present: Miss S. H. Cabaniss and Miss Nannie Minor, of Richmond; Miss Cecile Johnson, of Danville; Miss Nannie Laird, of Lexington, and Mrs. L. de L. Hanger, of Portsmouth. Miss Cabaniss was again elected president, and Mrs. Hanger secretary and treasurer.

It was agreed that special examinations be given two nurses who had found it impossible to attend the regular examinations for registration.

The secretary was authorized to write to all nurses who persist in refusing to comply with the registration law in Virginia that their names will be published in *THE JOURNAL*, and that they will be reported to the board's attorney, Major W. A. Anderson, Attorney General of Virginia, for further consideration.

The subject of identification of registered nurses by means of an armlet badge of cotton, with the letters R. N. woven in, was discussed, and referred to a committee for investigation. All members of the board pledged themselves to impress upon all registered nurses the importance of using the letters R. N.

A committee composed of Misses Cabaniss and Minor was appointed to revise the requirements and regulations of the board.

Superintendents of the training-schools of Virginia were requested to furnish the board with a yearly list of discharged and non-accepted pupils.

Of the thirty-two applicants for registration in December, twenty-eight successfully passed the examinations.

The nurses of Virginia have shown much interest, and have given a ready compliance to the conditions of the registration law, and the board feels encouraged, while realizing there is yet much to be done.

LEAH DE LANCEY HANGER, Secretary and Treasurer.

TEXAS.—The graduate nurses of Texas met in Fort Worth, February 22, to organize a state society. After much discussion, by-laws and constitution were adopted, and the following officers were elected for the coming year: president, J. S. Cottle, Houston; first vice-president, Mildred Bridges, Fort Worth; second vice-president, Miss Moore, Gainesville; third vice-president, Miss Mullett, Austin; secretary, Mrs. Paris, Fort Worth; corresponding secretary, Miss Van Doren, Fort Worth; treasurer, Miss McKnight, San Antonio.

DISTRICT OF COLUMBIA.—A special meeting of the Graduate Nurses' Association of the District of Columbia was held Saturday, February 16, at Garfield

Memorial Hospital, to nominate ten members of the association, the nominations to be submitted to the Commissioners of the District, who shall, from said nominations, appoint within thirty days after such nominations are submitted to them, a nurses' examining board, to be composed of five members.

CELIA E. BRIAN, Chairman Publication Committee.

RHODE ISLAND.—The second annual meeting of the Rhode Island Association of Graduate Nurses was held Wednesday, March 7, 1907.

The reports of the treasurer and secretary were read. An excellent address by the president followed.

The association was able to secure Miss Mary M. Riddle to speak to them on state registration and state associations. Miss Riddle gave a most interesting address, which was enjoyed by the members and a number of guests.

The following officers were elected: president, Miss Lucy C. Ayers; first vice-president, Miss Abby E. Johnson; second vice-president, Miss Marietta C. Gardiner; recording secretary, Miss Frances E. Sherman; corresponding secretary, Miss Alice G. Dexter; treasurer, Miss Mary S. Gardiner; directors, Miss Mary Murray, Miss Winifred L. Fitzpatrick, Miss Rhoda G. Packard, Miss Sarah T. Lowden.

After the meeting adjourned, refreshments were served and a social hour enjoyed.

Alice G. Dexter, Corresponding Secretary.

NEW HAMPSHIRE.—The Graduate Nurses' Association of New Hampshire held its regular quarterly meeting at 10.30 A.M., March 11th, at the chapel of the State Hospital, Concord. Forty-one new members were added.

The report of the Ways and Means Committee was presented. This committee had charge of the registration bill, and the report on this bill in its different stages before it became a law proved of great interest to those present.

Papers were read by Miss Nutter, superintendent City Hospital, Laconia, and Miss Haskell, superintendent Wentworth Hospital, Dover.

Mrs. Susan Bancroft, a woman active in many forms of philanthropic work, spoke briefly, congratulating the association on what it had accomplished during the nine months since its organization, and she also urged the individual members to be loyal and always ready to make any effort that was for the good of the association.

It was voted to affiliate with the Nurses' Associated Alumnae of the United States. A committee was appointed to look after the matter, and it is hoped that the affiliation will be completed so that the State Association will be entitled to send a delegate to the Convention of the alumnae that is to be held in Richmond in May.

By vote of the association, a list of names was prepared by the executive board and presented to the Regent as nominees for a state board of nurse examiners. The Regent appointed the board of examiners as follows: for one year, Miss Ida Nutter, City Hospital, Laconia; for two years, Miss Ida Shepard, Mary Hitchcock Hospital, Hanover; for three years, Miss Augusta Robertson, Elliot Hospital, Manchester; for four years, Miss Annie F. Alpaugh, Cottage

Hospital, Portsmouth; for five years, Miss Blanche M. Truesdell, 17 Merrimack Street, Concord. The board organized with Miss Truesdell as chairman, and Miss Robertson as secretary.

B. M. TRUESDELL, Secretary.

THE regular monthly meeting of the Mountain Side Hospital Alumnae Association met at the Nurses' Home, February 28, 1907.

The by-laws and constitution of the association had been revised. They were read, discussed, approved, and adopted. Afterward some other matters of business was gone over. It was decided to hold the meetings earlier in the afternoon, so that nurses at private cases could attend more regularly. After the business meeting refreshments were served, and the nurses had a social time together.

REGULAR MEETINGS

TOLEDO, OHIO.—The regular monthly meeting of the Toledo Graduate Nurses' Association was held February 26, at the club-rooms in the "Zenobia," the President, Miss Mapes, in the chair.

After roll-call, the usual routine business was set aside, and, as previously arranged, Miss Greenwood, of Cincinnati, president of the Ohio State Association of Graduate Nurses, delivered an address on "State Registration," giving a most interesting account of the efforts and repeated failure of the committee, of which she was chairman, to secure the passage of a desirable nursing bill; the failure being largely due, she stated, to the moneyed influences of opponents of higher hospital standards. As a consequence, the committee are going to try another route to the legislature, viz., to raise the standards of the hospitals first, and then present a bill. Mrs. Hunter Robb is the promoter of this plan, and is devoting herself, Miss Greenwood announced, to the carrying on of this work in Ohio. Any hospital superintendent in the state of Ohio who is desirous of raising the standard of her training-school, to make it eligible for registration, should write to Mrs. Hunter Robb, of Cleveland, Ohio. As a guest at the meeting, the members were pleased to welcome Miss Kerans, superintendent of Findlay Hospital. There were also other guests from the city, the attendance numbering about sixty. The society is now incorporated, and has recently had printed new constitution and by-laws; also application blanks.

OWENSBORO, KENTUCKY.—The graduates of the Owensboro City Hospital Training-school for Nurses met in the reception-room at the hospital Tuesday, February 26, 1907, and organized an alumnae association.

The meeting was called to order by Miss Johnson, superintendent of the hospital; and Miss Reece, president of the alumnae association of the Norton Infirmary, of Louisville, Kentucky, was called to the chair and presided.

Constitution and by-laws were adopted.

Officers elected: president, Miss Fisher; vice-president, Miss Arvin; treasurer and secretary, Miss Thompson; chairman Entertainment Committee, Miss Cooper; chairman Membership Committee, Miss Katherine Hayden. Miss Johnson and Miss Crouse were chosen honorary members.

Two graduates who reside out of the city were not present.
The next meeting will be the second Tuesday in March, at the hospital.

WHATCOM CO., WASH.—The Graduate Nurses' Association of Whatcom County, Washington, held their annual meeting on February 4. Miss Wilkinson, president; Miss Schreiner, vice-president; Miss Smith, secretary-treasurer.

This association has been in existence one year, and holds its meetings on the first Monday of every month.

NEW YORK CITY.—The alumnae association of the training-schools for nurses of New York City held a reception at the Hotel Manhattan on Wednesday, February the sixth, from three to seven. About four hundred nurses attended, and spent a very pleasant afternoon, greeting old friends and making the acquaintance of other alumnae members. Letters were received from many who are scattered over the country and therefore unable to attend. During the afternoon Mr. W. G. Stewart sang, accompanied by his sister, Mrs. Gabrielle Stewart Mulliner. Violin selections were rendered by Mr. Enos Johnson and Mr. J. Feigenbaum. Miss Marjorie Moore gave selected readings. While the reception was of an informal nature, the following committees were chosen by their associations to serve as a committee on general arrangements and reception: Miss Margaret Anderson, New York Post Graduate; Miss M. A. Samuel and Miss Martha Russell, New York Hospital; Miss Grace A. Knight, Roosevelt; Miss Mary Burns, Miss Clancy, and Miss Schmidling, Lebanon; Miss McEwen and Miss Bertha Krueger, Mt. Sinai; Miss Susan Bishop, Miss H. Crockett and Miss Eva Campbell, German Hospital; Miss Hunter, Miss Laurence and Miss McDevitt, Metropolitan; Miss Slayton, Bellevue; Miss Jane M. Pindell, Mrs. D. B. Ingersoll and Mrs. Turner, New York City; Miss Margaret Bewley, Presbyterian; Miss Frances L. Lurkins, Hahnemann; Miss Prentiss and Miss Towner, Flower; Miss A. S. Bussell, Manhattan and Bronx; Miss Betsy L. Harris, New York Infirmary; Mr. J. B. Swennes and Mr. Owen C. Sangster, Mills Training-school; Miss Mabel Wilson and Miss Roberts, St. Luke's.

NEWARK, N. J.—The "heart party" given on St. Valentine's night under the auspices of the alumnae association of the Newark City Hospital, in the nurses' home, proved a great success. The lecture room was beautifully decorated with red and white hearts for the occasion. The ladies' first prize was won by the president of the association, Miss Emily Jones; the second by Miss Laurence, and the consolation by Miss Golden. The gentlemen's prizes were won by Dr. Cornwell, Mr. Hopper, and Dr. Bagg, the latter winning the consolation.

Everyone was pleased to welcome Miss Mason, the president of our training-school, back from Washington in time to participate in the pleasures of the evening. Delicious refreshments were served.

BOSTON, MASS.—The following letter has been addressed to members of the alumnae association of the Boston and Massachusetts General Hospital

Training-schools for Nurses, and will be of interest to all graduates of the Massachusetts General Hospital Training-school for Nurses:

"At the last meeting of the alumnae association of the Boston and Massachusetts General Hospital Training-school for Nurses an unusually large number of nurses were present. This was due to the great interest in the subject announced, namely, that immediate efforts be made by its members to establish a free bed at the hospital, to be under the control of the Massachusetts General Hospital Alumnae Association. It was voted that immediate steps be taken to accomplish this, and several committees were appointed to formulate plans. It is proposed to hold a bazaar at some central place in Boston not later than December next. All graduates are urged to begin right away to collect useful and fancy articles for this sale. It was further proposed that each graduate be asked to contribute one dollar, and as there are more than seven hundred, and the addresses of some are not available, it was voted to send an announcement of our plan to *THE AMERICAN JOURNAL OF NURSING* and *The Trained Nurse*, in the hope of reaching all former pupils of the school. We have already a nucleus of about two hundred and fifty dollars, which has been subscribed for this purpose, and if the graduates all respond we shall be assured of our first thousand dollars.

"It was then voted to ask each alumnus to either give or hold herself responsible for the collection of five more. There are about two hundred and fifty members, and if they all acquiesce in this it will mean that the second thousand will be taken care of.

"The bed will cost five thousand dollars, and will mean not a bed in an open ward, but one in a private room. All graduates are urged to work for this, and to interest their friends. It is fully expected that the entire sum will be raised inside of two years.

"All contributions of money should be sent to the treasurer, Miss Grace Beattie, Brockton Hospital, Brockton, Massachusetts; all correspondence to the secretary, Miss Agnes Aikman, 24 McLean Street, Boston."

NEWARK, N. J.—The alumnae association of the Newark City Hospital held its annual meeting at that institution on the afternoon of February 27. The meeting was called to order by the president, Miss Emily Jones. The secretary's report showed that thirty-five new members had joined during the year, and two resignations had been received. The reports of various committees were made in time and approved.

After the unfinished business was disposed of, the following officers were elected: president, Miss Mary F. Mason, principal of training-school; first vice-president, Miss Laura Dexter; second vice-president, Miss Stata Bell; recording secretary, Miss Caroline Schmoker; corresponding secretary, Miss Edna M. O'Hara; treasurer, Miss Edna Hopper. After the business session, afternoon tea was served.

CLEVELAND, OHIO.—The alumnae association of the Cleveland General Hospital Training-school for Nurses held the monthly business meeting on Monday, February 4.

Mrs. Morgan, one of the married members, kindly opened her parlors to

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the association. There was a good attendance, and a very enthusiastic discussion took place over ways and means to endow a bed for nurses, in perpetuity, in the new hospital now in process of erection in the east end of the city.

A generous sum was subscribed by those present, and, though quite a heavy task has been undertaken, so much enthusiasm and good will prevailed that the members are very hopeful of carrying out their plans for the endowed bed.

After the business session a social hour and refreshments concluded a most enjoyable afternoon.

YONKERS, N. Y.—The regular quarterly meeting of the Westchester County Association of Registered Nurses, held at the Lodge, was very well attended. Nominations were made for the election of officers, to be held at the annual meeting in June. It was decided to have a series of papers on subjects interesting to the nursing profession contributed and read by one of the members, at each meeting.

After the meeting refreshments were served by the social committee.

PHILADELPHIA, PA.—The monthly meeting of the alumnae association of the Hospital of the University of Pennsylvania was held in the Nurses' Home on March 4. Fifteen members were present, and it was an interesting meeting.

The proceeds from the dance held in Houston Hall on February 7, for the benefit of the Endowed Room Fund, will amount to about two hundred and seventy-five dollars. Only five hundred more is needed, and it is hoped that the nurses will contribute that in the very near future.

LYNCHBURG, VA.—The graduates of the Home and Retreat Hospital, Lynchburg, Virginia, held a meeting February 18, for the purpose of organizing an alumnae association. Officers elected: Miss L. E. Van Pelt, R.N., president; Miss Adair Rangeley, R.N., secretary.

DENVER, COL.—The Trained Nurses' Association of Denver held its annual meeting in the Y. W. C. A. Building on March 4, 1906. The following officers were elected for the ensuing year: president, R. Crittenden; vice-president, H. L. Corey; secretary, E. A. Shick; assistant secretary, Edith Anderson; treasurer, D. M. Lebo; assistant treasurer, E. Quackenbush. The annual reports showed that the association is in a prosperous condition, and the Nurses' Directory, started in June, 1906, is proving a successful undertaking.

SAN FRANCISCO, CAL.—The San Francisco County Nurses' Association has taken up the matter of affiliating in a body with the American National Red Cross Society, and the president, Miss Theresa Earle McCarthy, has appointed a committee of five nurses to inquire thoroughly into the subject. The committee is composed of Miss Kate M. Davis, Miss Elsie V. Reinocohl, Miss Julia Hintkle, Dr. Helen Parker Criswell, and Miss Lucy B. Fisher, the latter being chairman.

Owing to the recent disaster in San Francisco, and the difficulty which the California branch of the National Red Cross Society experienced in locating the burned-out graduate nurses, and the serious obstacles the nurses met with in trying to trace their officers when all nursing headquarters had been burned, all nurses realize the necessity for an organized leadership in time of calamity, and feel that the best the nursing profession can give should be given at such a time.

During the three days and nights that San Francisco was burning, and for many weeks after, splendid and even heroic work was done by the nurses individually and in groups in hospitals, homes, camps, and on the streets, but there was no possibility of any concerted action on their part. Much more could have been accomplished under able leadership.

United with the Red Cross Society under proper conditions, graduate nurses could accomplish a tremendous amount of good in time of national or local distress, and, realizing this, in view of their recent object lesson, the San Francisco nurses are considering very seriously this matter of affiliation. The subject will be thoroughly explained in the next issue of the nurses journal of the Pacific Coast, and voted on by the members in May.

Miss Katherine Fitch, one of the councillors of the California State Nurses' Association, will represent that association at the annual meeting of the associated alumnae in Richmond. Miss Mary L. Sweeney, secretary of the San Francisco County Nurses' Association, has been elected a delegate from the Children's Hospital Alumnae Association, to be present at the Convention in Richmond.

SCRANTON, PA.—The regular monthly meeting of the Scranton Training-school for Nurses was held in the State Hospital on Thursday, February 21, 1907. Nine members were present.

Miss Alice M. Brice, delegate who represented the association at the special meeting held at Harrisburg in December, 1906, in reference to the registration bill, read a most interesting report. Reports of the retiring officers were also read.

There are at the present time forty-one members in good standing. The election of new officers resulted as follows: president, Miss Alice M. Brice; vice-president, Miss Charlotte Williams; treasurer, Miss E. Saul; secretary, Miss Harriet B. Gibson. The two last were reelected. The Sick Committee consists of Miss Charlotte Williams, chairman, and Miss E. Graham; the Entertainment Committee, Miss Alice M. Brice and Miss Harriet B. Gibson.

There were two new members received into the association, Misses Carrie M. Luppert and Lucretia Gourley, both of class of 1906. A vote of thanks was given to retiring officers, and also to Miss Brice, for her interesting report in reference to the registration bill.

There was no further business. Meeting adjourned, to meet at State Hospital in March.

MINNEAPOLIS, MINN.—Following the regular monthly business meeting of the Hennepin County Graduate Nurses' Association, held Thursday, March 14, at Dr. Mead's residence, 1502 Third Avenue South, Mrs. Alexander R. Colvin,

of St. Paul, president of the Minnesota State Nurses' Association, addressed the nurses in a most interesting and edifying talk on state registration, including the progress of the bill now before the state legislature of Minnesota. The appreciation of the nurses was shown by the presentation to Mrs. Colvin of a bouquet of beautiful green carnations, which were in keeping with the decorations throughout the rooms, suggestive of St. Patrick's Day. A most enjoyable social hour was spent while refreshments were served. Special St. Patrick souvenirs were placed at the table for Mrs. Colvin, president of the state association, and Miss Edith Rommel, president of the Hennepin County Association. Souvenirs were also distributed to the fifty nurses present, by Misses Marion Young and Cecelia Prinzing and Mrs. Mathilda Setnan.

PATERSON, N. J.—The regular meeting of the Paterson General Alumnae Association was held on February 12, with a good attendance. Nine new members were received into the association. A social half-hour, with light refreshments, was enjoyed at the close of the meeting.

PERSONALS

MISS CARRIE S. LONER has resigned as superintendent of the Memorial Hospital, Omaha, Nebraska.

MISS MARIE SHELL, T.G.H., class of 1899, has been appointed assistant superintendent in the Jewish Hospital, Cincinnati, Ohio.

MISS L. E. VAN PELT, graduate of the Home and Retreat Hospital, has accepted the appointment of assistant superintendent in that institution.

MISS BESSIE ABBOTT has been appointed assistant superintendent of nurses, and Miss Mabel Young head nurse of the Men's Surgical Ward, at the University Hospital, Ann Arbor, Michigan. Both nurses are graduates of the University Hospital.

MISS MAUDE WALLINGTON, graduate Grace Hospital Training-school for Nurses, Detroit, Michigan, who is spending the winter with relatives in Kansas City, Missouri, is much interested in establishing the Hourly Nursing System there, no one having introduced it in that city.

MISS ALICE J. SCOTT, graduate of the Toronto General Hospital Training-school for Nurses, class of 1892, late assistant superintendent of the Hartford Hospital, Connecticut, has been appointed superintendent of nurses of the General Hospital, Kingston. Miss Scott enters upon her duties about April 1st.

MISS C. B. SPEECHLY, R.N., graduate of Homœopathic Hospital Training-school for Nurses, University of Michigan, Ann Arbor, Michigan, who has had charge of Dr. J. W. Morr's private hospital at Albion, Indiana, has recently given up her position for private duty. Miss Louise Hill, graduate of the same school, has accepted the position made vacant by Miss Speechly's resignation.

THROUGH the kindness of Mr. and Mrs. J. Kennedy Tod, the use of Innis Arden Cottage, Sound Beach, Connecticut, has been placed at the disposal of the

superintendent of the school of nursing, Presbyterian Hospital, New York City. The cottage is delightfully situated on the Sound, and offers an ideal place of rest for those needing a summer holiday. It will be open from May 1 to December 1, 1907.

A STRIKING example of appreciation of nurses' needs is shown in the delightful offer just received from Mr. and Mrs. John Crosby Brown, of New York. A cottage accommodating six, to be known as the Brownery, Convalescent or Rest Home, will be opened on June 1, 1907, for the reception of nurses. This cottage is situated on Orange Mountain, amid beautiful surroundings, and is intended to be used by nurses recovering from illness, or those needing a rest after exacting work. A nominal charge of five dollars per week will be made. This sum will include convalescent nursing care. Meals served in rooms when necessary; nourishment between meals. Applications can be made by letter after May 1. Address, Miss A. M. Clayton, The Brownery, Orange, New Jersey. Nurses from any part of the country in need of care and quiet will be welcomed, and it is hoped that this haven of rest so generously provided by our friends will be freely used.

ANNA C. MAXWELL, R.N.

March 14, 1907.

BIRTHS

At Bluffson, Indiana, February 24th, to Mrs. Charles Fettes a son. Mrs. Fettes was Miss Florence Click, class of 1900, Hope Hospital, Fort Wayne, Indiana.

MARRIAGES

MARRIED.—On February 6, 1907, Louise Husband, T.G.H., class of 1893, to Mr. George Johnston. Both of Sault St. Marie, Ontario.

At Atlantic City, December 15, 1906, Miss Phoebe Hartman, Cooper Hospital, Camden, New Jersey, 1895, to Mr. George H. Bailey.

At the residence of the bride's parents, 432 Shaw Street, Toronto, on February 6th, Bessie Evelyn, second daughter of Mr. and Mrs. Thomas Dickens, to the Rev. A. R. Park, pastor of the Parliament Street Baptist Church. Miss Dickens is a graduate of the T.G.H., class of 1904.

On January 30, 1907, at the residence of the bride's father, Berlin, Ontario, Miss Ida Bingeman to Donald Masón McLennan, Toronto. Miss Bingeman graduated from the Toronto General Hospital Training-school for Nurses, class of 1902.

At St. Albans Cathedral, February 5, 1907, by the Rev. Canon McNab, Miss Mabel Orchard, daughter of William Orchard, St. Thomas, to Herbert T. Baily. Miss Orchard graduated from the Toronto General Hospital Training-school for Nurses, class of 1900.

At New Bedford, Massachusetts, August 11, 1906, Miss Alice E. Geddis, to Mr. Harry Chace. Miss Geddis was graduated from the St. Luke's Hospital

Training-school, New Bedford, Massachusetts, in 1900. Mr. and Mrs. Chace are making their home in New Bedford, Massachusetts.

At New Bedford, Massachusetts, December 27, 1906, Miss Julia Cushing Holmes to Mr. George Presbury Hurl. Miss Holmes was graduated from the St. Luke's Hospital Training-school, New Bedford, Massachusetts, class of 1903. Mr. and Mrs. Hurl are residing in New Bedford, Massachusetts.

THE following nurses of the University of Michigan Training-school were married in 1906: Rose Flynn, '97, to Norman Fitzgerald, Toledo, Ohio; Louise Lau, '98, to R. E. Harris, Seattle, Washington; Katherine Scott, '99, to George Richards, M.D., Gaylord, Michigan; Edna Ashmun, '00, to R. A. Rae, North Bay City, Michigan; Myrtle Campbell, '00, to E. N. Chauncey, M.D., Albion, Michigan; Zada Chase, '02, to Mr. Leuné, Butte, Montana; Adda Wood, '02, to L. B. Leonard, Forest Hill, Michigan; Elsie Calkins, '02, to Martin Blair, Alligan, Michigan; Katherine Johnston, '03, to Dr. Crane; Grace Eisele, '03, to Mr. Jordan, Columbus, Indiana.

In Manilla, P. I., on January 11, Miss Wilma A. Keck, daughter of Mr. and Mrs. Theodore Keck, of Newark, N. J., to John S. Stanley, of Moscow, Pa., acting deputy collector of customs at Iloilo, P. I. The bride was graduated from the Newark City Hospital Training-school for Nurses in 1900, and for three years served as a government nurse in the Philippines, returning home two years ago. In November she again left for Manilla, to be married there to Mr. Stanley. The ceremony was performed by the Rev. Dr. S. B. Rossiter. Mrs. Charles T. Page was matron of honor, Colonel McCoy gave the bride away, and Theodore C. Reiser acted as best man.

OBITUARY

DIED at the Toronto General Hospital, on February 8, 1907, Matilda Craig, Toronto General Hospital, class of 1895.

THE alumnae association of the Massachusetts Homœopathic Hospital, Boston, announce the death of a member, Miss Ruth Wolcott Sawyer, class of '98.

THE alumnae association of the Farrand Training-school, Detroit, Michigan, announce the death of a member, Miss Florence F. Sutton, class of 1905, which occurred at Toronto, December 27, 1906.

DIED on March 2 1907, in Kingsbridge, New York, of pulmonary tuberculosis, Rose Anna Tweed, late chief nurse, Army Nurse Corps, U. S. A. General Hospital, Presidio of San Francisco, and member S. A. W. N. Assn. Miss Tweed was buried in the National Cemetery at Arlington, Virginia.

MISS ELSIE D. WARREN was one of the victims of the New York Central Railroad accident which occurred on the evening of February 16. Miss Warren was a graduate of the New York Infirmary for Women and Children, in the class of 1900. Her untimely death is a great grief to her hosts of friends and associates.

ADÉLE FLORENCE HENDERSON, daughter of the Hon. George Henderson, of Kingston, Jamaica, graduate of the Johns Hopkins Hospital Training-school

for Nurses, class of 1899, was instantly killed in the earthquake of January the fourteenth.

Miss Henderson was a woman of lovely character and broad culture, being educated in Lausanne and in Dresden, Germany. She had been engaged in private nursing in Baltimore for some years, and was universally esteemed.

At Harper Hospital, Detroit, Michigan, on February 26th, of pneumonia, Miss Mary E. Smith.

Miss Smith was a charter member of the Alumnae Association of the Farrand Training-school, a member of the class of 1893, and has been active in all the lines of progressive work with which the association was affiliated. She possessed executive ability in an unusual degree in hospital work, and was also a very successful private nurse. She will be greatly missed by a large circle of friends and associates. The Alumnae Association has placed a memorial on its records, a copy of which has been sent to her family.

DIED on Thursday, January 31, 1907, at Passiant Memorial Hospital, Chicago, Miss Mary E. Simonds, aged forty-six years.

Miss Simonds was born in Hartford, Wisconsin. She was a graduate of Ripon College, the Illinois Training-school for Nurses, class of '87, and the Chicago Training-school for City, Home, and Foreign Missions. After graduation from the latter she was called to Wesley Hospital, and for a time was in charge of the nurses of that institution. Ever ready to assist in any work of mercy, she later accepted an appointment to aid in the organization of a Deaconess Hospital in the city of Saginaw, Michigan. On the completion of this work another appeal was made to her—education in the South. In this work she spent some of the most enjoyable years of her life, teaching and ministering to the colored girls in the schools of Memphis, Tennessee, and Macon, Georgia.

In the spring of 1906 she again entered her Alma Mater, the Illinois Training-school, to avail herself of the advantages of the Post-graduate course. It was while doing private duty in Chicago that she was taken ill with the dreaded disease—pneumonia—which was the cause of her death. An aged mother, two sisters, and a brother are left of her immediate family to mourn her loss.

In disposition, Miss Simonds was always cheerful; in the discharge of duty, most faithful. She was of a serious frame of mind, yet possessing a vein of humor that made her presence an ever-treasured pleasure to her friends. A keen observer, she had learned early in youth that one of life's great secrets of success was not to strive in vain endeavor to realize the ideal, but, rather, in patience to idealize the real. With this view of life woven into her being, she was ever cheerful amid difficulties, hopeful amid discouragements, always scattering the gloom of darkness with the brightening rays of the sunshine of a Christian soul.

Her life has been a useful and blessed one, and her memory will be gratefully cherished in the hearts of those who knew her unselfish spirit and kindly services. Her loss to the profession and to her many warm friends is inestimable.

TRAINING SCHOOL NOTES.



At the January examination in New York State, one hundred and four candidates took the test, sixty-three of whom met the requirements and forty-one failed. The largest percentage of failures was in diet cooking and materia medica. The questions were simple and practical, as shown in the following:

University of the State of New York

7TH NURSES EXAMINATION

TUESDAY, January 29, 1907, A.M.

Answer all of the following questions. Each complete answer will receive 10 credits. Papers entitled to 75 or more credits will be accepted

ANATOMY AND PHYSIOLOGY

ANATOMY

1. Mention (1) the number of bones in the spinal column; (2) the number of permanent teeth.
2. What is the aorta, and where is it situated?
3. Name the organs of the digestive system.
4. What constitutes the nervous system?
5. Name the four principal parts of the brain.

PHYSIOLOGY

6. What is (1) secretion, (2) assimilation, (3) metabolism?
7. What is bile, and where is it secreted?
8. Explain how the products of digestion enter the system.
9. Where is saliva secreted? Describe the action of saliva on food.
10. Through what channels do waste products pass from the system?

MEDICAL NURSING

1. Give details in the care of (1) the utensils used in typhoid fever, (2) the mouth in typhoid fever.
2. What is lavage of the stomach? Describe this process.
3. What difference is found in the recorded temperature as taken by the mouth, the axilla, and the rectum?
4. Outline *one* method of giving a hot bath to induce perspiration.
5. Describe the preparation necessary for tapping the abdomen, and state what must be the nurse's care of the patient during this procedure.
6. Describe *three* methods of locally applying cold.
7. What foods should be avoided in case of rheumatism?
8. How may bedsores be prevented in long illness?

9. What are the best materials for an emollient poultice? State how these poultices should be applied, how often they should be changed, and what should be done when they are discontinued.
10. State how *each* of the following diseases is communicated: (1) typhoid fever, (2) diphtheria, (3) scarlet fever, (4) pulmonary tuberculosis.

NURSING FOR CHILDREN

1. What special qualifications should a nurse who has the care of sick children possess?
2. Mention *three* distinct objects that a nurse who takes charge of tracheotomy cases must always keep in mind.
3. What may the nurse learn from the cries of a sick child?
4. What may the nurse learn from her observation of the expressions on the faces of sick children?
5. What should the nurse do for a child with diarrhea?
6. Give the nursing treatment of a child with convulsions.
7. Mention the symptoms of intestinal worms. Give the duties of the nurse in caring for a child who has intestinal worms.
8. What is the nursing treatment of pediculosis?
9. What special care should be given a child with chicken-pox?
10. What articles should the nurse provide before giving a child a bath?

OBSTETRIC NURSING FOR FEMALE NURSES

1. Give your reasons for calling on a prospective obstetric patient. What suggestions or advice, if any, would you give the patient?
2. When in charge of a pregnant patient, what conditions would prompt you to call the doctor?
3. How many stages of labor are there? State when each stage begins and ends.
4. In case of post-partum hemorrhage, what should the nurse do while awaiting the arrival of the doctor?
5. What special care should be given the nipples before and after confinement?
6. How may the probable date of confinement be calculated?
7. What antiseptic precautions should be taken in the care of an obstetric patient?
8. Describe in full the care of the baby for the first 12 hours after birth.
9. What should the nurse do in case of hemorrhage from the cord?
10. What care should be given an infant with colic?

SURGERY

1. How would you apply a temporary splint in case of a simple fracture of the femur, supposing that your patient must take a 40-mile railroad journey in order to reach a physician?
2. Describe the method of preparing plaster of Paris bandages. What precautions should be used in applying a plaster of Paris bandage to cover both the ankle and the knee?
3. Describe a method of sterilization of sharp-edged instruments.
4. How would you prepare (1) a patient for a gynecologic examination, (2) a male patient for a genito-urinary examination?

5. What is the difference between a deodorant and a disinfectant?
6. Give the symptoms of a postoperative hemorrhage, and describe the treatment that should be given by the nurse till the arrival of the physician.
7. Give method of stopping (1) a capillary hemorrhage, (2) an arterial hemorrhage.
8. Give the routine care of a laparotomy patient for the first three days after an operation, when there are no unusual complications.
9. What is appendectomy, and how should a patient be prepared for the operation?
10. In a case of fractured thigh, on what parts of the body would bedsores be most liable to occur? What precautions should be used to prevent them?

BACTERIOLOGY

1. Describe a simple method of disinfecting the hands, and tell why the nails must receive special attention.
2. What is the cause of pus in a wound?
3. What are the most ordinary methods by which a clean wound becomes infected?
4. What is the object of sterilization by heat? Describe this process.
5. Explain why it is necessary to boil the drinking water in a country district where there is an epidemic of typhoid fever.
6. Are all bacteria of the disease-producing type? Explain.
7. Explain in simple language the action of yeast bacteria.
8. What is meant by the term immunity?
9. In what way are disease germs thrown off in (1) diphtheria, (2) typhoid fever, (3) tuberculosis?
10. In nursing a patient with scarlet fever or smallpox, what precaution should be used to prevent the spread of the disease?

DIET COOKING

1. What effect has cooking on meat?
2. Give recipe for veal broth made from a half-pound of veal.
3. State the length of time required to cook properly the following cereals: rolled oats, Irish oatmeal, steamed rice, cornmeal mush.
4. How would you make a flour ball?
5. Give recipe for making an oyster stew containing a pint of oysters.
6. How would you determine whether or not an egg is fresh?
7. Which is the more quickly digested, a raw egg or a soft boiled egg? Why?
8. Give a recipe for an egg sandwich.
9. Give the general rules for making custards.
10. How would you bake a banana and prepare it for a patient?

MATERIA MEDICA

1. Define anesthetic, astringent, diuretic, stimulant, tonic, hypnotic, narcotic. Give an example of each.
2. From a stock solution of formalin, how would you make 32 oz. of solution 1-1000?

3. Mention *three* ways by which medicinal agents may be applied externally.
4. Mention *three* ways by which medicinal agents may be administered internally.
5. Name (1) *three* corrosive poisons, (2) *three* narcotic poisons.
6. Give an emergency treatment of carbolic acid poisoning.
7. Give the main points of an emergency treatment of poison cases in general.
8. Describe the preparation necessary for a hypodermic injection of morphin.
9. How should a normal salt solution be prepared?
10. What is (1) a tincture, (2) a fluid extract, (3) an infusion, (4) a solution, (5) a suppository?

MISS HARRIET HIGBEE, Superintendent of Nurses of the Omaha General Hospital, and graduate of the Illinois Training-school, writes of the Hotel Hospital as follows:

About five years ago I read with great interest about a new plan, evolved by several eminent physicians of Chicago, to build a hotel hospital, in which the patients, together with their friends, could be successfully accommodated. For some reason, the project never materialized.

Last winter, the subject was again discussed, and again my interest was keenly aroused.

In the spring I received a call from a young, struggling hospital in Omaha, to assist in organizing an entirely new enterprise. On my arrival, I found, not built for the purpose, but converted into a hospital, an elegant hotel. The entire building was not occupied by patients, consequently the remaining space was utilized for accommodating the friends of patients, both of whom came here from all parts of the surrounding country.

To the question that I often asked myself, "How would such a plan work?" I can safely reply "Excellently." I have made a few simple rules from which we rarely deviate, and that reduces to a minimum the old adage that the more we are restrained, the more we desire the forbidden. The anxiety that takes possession of the friends of a very sick person is practically eliminated when they quietly step into the sick-room and see that he is in no danger; and the assurance that, if something should happen to go wrong, they can be summoned at once, makes the friends a help instead of being the proverbial terror to all who make an attempt to bring back to health the ailing ones.

The same rule that applies to the patient's friends also applies to the nurses. A few eliminations of the unruly brings, as usual, a calm upon the remaining members. The nurse is more before the public here than in other hospitals; but if she cannot be trusted as a pupil, she cannot be trusted as a graduate. Consequently, the solution is obvious.

The school consisted of twenty-two members when I came, and in six months we have increased our numbers to thirty-five, our work being in proportion.

The only diseases we exclude are those which are contagious. Therefore, the nurses obtain good training in all other branches. The course of training has been changed from two to three years, in anticipation of embracing other

fields aside from our own hospital. Here, as in other small hospitals, surgery is the predominating feature; but, as the surgeons are just as skilful and successful as in the East, the nurses receive thorough training.

Special nursing is a great feature in the hospital, graduates receiving full rates and their board.

Another unusual feature of the hospital is that the only woman in an official position is the superintendent of nurses.

THE Solvay General Hospital of Detroit, Michigan, was established June 1, 1902, by the Solvay Process Co. and maintained by them until its incorporation, August 1, 1904, since which time it has been managed by a board of trustees, the Solvay Process Co. bequeathing the building, equipment and grounds.

The hospital has a training-school, under the supervision of a graduate nurse. There are now two male nurses and eight female undergraduates. The nurses in training receive class-room instruction three evenings each week during seven months of the year, and practical instruction during the whole year, the course being three years.

The hours of duty are twelve in twenty-four hours, whether it is day or night duty, but each nurse has regular time off each day for rest or study, and a half-hour each week.

The board has thus far held two graduating exercises, and three nurses have been granted diplomas and badges.

THE graduating exercises for the class of 1907, of the Mercy Hospital Training-school, Pittsburg, Pennsylvania, were held in the lecture room at the hospital on Thursday, February 14th, at 7 P.M. There were nine members in the class: Miss Mabel C. Fellows, Corry, Pennsylvania; Miss Math A. Meade, Corry, Pennsylvania; Miss Anna Schill, Clarion, Pennsylvania; Miss Katherine Conway, Cumberland, Maryland; Miss Agnes Oiler, Braddock, Pennsylvania; Miss Lilian Heisel, Carnegie, Pennsylvania; Miss Pearl Kroegher, Allegheny, Pennsylvania; Miss Winifred Nielan, Oakdale, Pennsylvania; Miss Elizabeth Tierney, Steubenville, Ohio.

THE graduating exercises of the class of 1907 from the Vicksburg Sanitarium Training-school for Nurses, Vicksburg, Mississippi, took place at the Sanitarium on Wednesday evening, February 20th. After a brief address by Dr. Hillhouse, Dr. Weeks reviewed the work of the institution, from the establishment in 1901 to the present time, which was followed by an interesting address. In conclusion, Dr. Street presented diplomas to Miss Jessie Nance, Miss Olive Beaumont, Miss Pauline Zwickle, and Mrs. Farrior. An informal luncheon, reception, and dance brought to a close the first public exercises in the history of the institution.

PRACTICAL SUGGESTIONS



IF a patient's feet and legs are cold, a single blanket, folded, may be placed with one-half over and one-half under the legs.

E. H.

SALT water should be used for boiling rubber goods—a fountain syringe, nipples, etc.—for it preserves them better than plain water.

J. B.

WHITE grapes are a nourishing and appetizing dessert for a little child, and they are said to be fattening also. They should be peeled and seeded.

A GOOD way to warm a bed-pan is to lay a hot water bag across it. This is especially handy where an enema is being given and there is not time to heat the pan by putting warm water inside it.

A CHILD's feet may be warmed by putting one at a time into a muff. This often saves the necessity of taking off shoes and stockings, and the child can play with a book or toy more easily than if trying to keep its feet against a hot bag.

E. H.

IF it is desirable to heat a room quickly for a baby's or child's bath, it can be done by filling the bath-tub with hot water. I have found that the temperature of a moderate-sized bath-room can be raised 5° F. in less than fifteen minutes by this method.

DATE butter is digestible and nourishing. It may be given with bread, as a sandwich, for a child or invalid. The dates should be carefully washed, then put on the back of a stove, with a very little water, for

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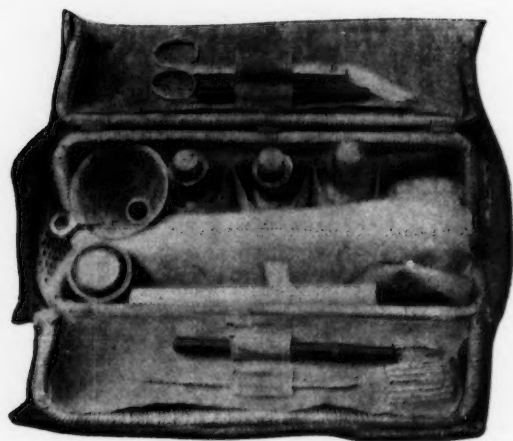
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an hour. The object is to steam and soften them, not to cook them. They are then pressed through a strainer. A quantity can be made at once, as it will keep.

MILK will keep better when standing in a dish of water. Where the ice supply for a night is doubtful, and no more can be obtained, the bottle of milk will be less likely to sour if put into a pail of water and set in the ice-box. The same theory holds true when it is necessary to keep milk standing in an open window. If put into a pail of water, it will neither turn sour nor freeze as quickly as if standing alone.

J. B.

A VISITING NURSE'S BAG

It may be of interest to the visiting nurses who are subscribers to *THE JOURNAL* to read a short description of the nursing bags now in use at the Vanderbilt Clinic, New York. These bags are made of straw, on very much the same plan as the light dress-suit case, and are manufactured in Japan, but can easily be bought at any store selling oriental goods.

As will be seen in the accompanying picture, they open at the top in the same way as do the doctor's bag, are lined with brown linen, which can be removed and cleansed, as also the covers, which are made of thick brown rubber rain-proof material. The straw handles are protected by brown braid, which can be removed when soiled. We are now having made longer leather handles, which can be slipped over the arm. They are capable of holding three three-ounce bottles, an apron, towel, instrument bag, powder box, bandages, dressings, etc. The weight is three pounds five and a half ounces, and, as every visiting nurse knows what it means to walk long distances and climb many stairs with a heavy bag, we hope that at least in this respect our venture will prove successful.

ELSIE T. PATTERSON,

Nurse in charge Vanderbilt Clinic, New York.



BOOK REVIEWS



IN CHARGE OF

M. E. CAMERON

NURSING: ITS PRINCIPLES AND PRACTICE FOR HOSPITAL AND PRIVATE USE. By Isabel Hampton Robb, Graduate of the New York Training-school for Nurses attached to Bellevue Hospital; late Superintendent of Nurses, and Principal of the Training-school for Nurses, Johns Hopkins Hospital, Baltimore, Maryland; late Superintendent of Nurses, Illinois Training-school for Nurses, Chicago, Illinois; member of the Board of Lady Managers, Lakeside Hospital, Cleveland, Ohio; Honorary Member of the Matrons' Council, London, England. Third Edition, Revised and Enlarged. Illustrated. Price, \$2.00. Cleveland: E. C. Koeckert, Publisher, 715 Rose Building.

In this new edition of her well known book—since its first appearance the standard of nurse-training schools—Mrs. Hampton Robb exhibits all the interest in and practical knowledge of her subject that one could possibly expect from a present-year graduate, fresh from her school and hospital. The opening chapter, outlining the course of the three-year plan, while of necessity differing from the first chapter of the first edition, in that the latter outlined the training for the two-year course, is noticeably less didactic than the teaching of the earlier book. It is more liberal, allowing more scope for development at the hands of those who undertake to put the plan into practice. One reads with a growing conviction of the value of perspective, here as in other situations; the getting oneself to the point of distance which will enable one to see the different parts in their proper relation to the whole. Nurses owe to Mrs. Robb a particular debt of gratitude that she made this revision of her work a personal matter. The new edition is practically a new book; so much of the old text has been changed, and so much new matter added thereto, that it involves quite as much labor as the writing of a whole new book. One realizes that it must have cost the author considerable moral effort to abstain from handing over the task to other hands; but gratitude increases, as one reads, and we are devoutly thankful that Mrs. Robb's Canadian conscience relentlessly bound her to her duty and constrained her to personally achieve this work. For the work is unique. Many and various hand-books of nursing, some of them the work of men

in the medical profession, have been put upon the market, often with good commercial success, but there have not been any that in theory or practice have invaded the field where Mrs. Robb holds undisputed sway: the reputable nurse-training schools of this country and Canada. Conservative to a degree, the author holds to her earlier teaching in such matters as nursing ethics, hospital etiquette, etc., and present-day superintendents will agree in this and attest to the difficulties that arise whenever the strictly severe rule of former days is relaxed; also they will confirm the idea that a better spirit prevails wherever the strictly conservative etiquette between nurses and internes, attending-men, hospital employees, etc., is maintained. The conservatism quite disappears, however, when the teaching of classes is in question. The author takes for granted that pupils shall be given the privilege of laboratory instruction in place of the didactic lecture of former times, for such subjects as bacteriology, materia medica, and pharmacy; that embryology, with the study of cells and cell tissues, be demonstrated with the aid of microscopy; that chemistry and cooking receive their legitimate attention—all these subjects requiring ample time out of the wards if the pupil nurse is to do them justice. Gone are the days, so far as Mrs. Robb's schedule, when all the teaching the nurse received was in dry-as-dust lectures, coming after a hard day's duty and a heavy supper, when the pupils wrestled mightily to keep awake and take notes, copying the difficult words from the blackboard, where the amiable professor wrote them out. The nurse pupil nowadays expects, and with perfect propriety, to receive a thorough and valuable training, such as will enable her to take any examination her state may see fit to impose before it allows her to practice her profession. She expects, if she reads Mrs. Robb's book, that time shall be given her to do proper justice to the theoretic part of her training, and that she shall be allotted to every department of the hospital and training-school for sufficient length of time to master its technique, from the least to the greatest detail. Moreover, she has every right to expect that when her training is finished she shall have learned many things not set down in the curriculum—things which shall give her an advantage over her lay sister, should nursing life be fated to end with her training. She will be all the better wife and mother for having brought credit to her hospital and training-school. Mrs. Robb's book further takes for granted a larger staff of teachers and demonstrators than training-school boards as a rule provide. Surely this is a matter which will correct itself with the growth of public education. A German visiting American institutions—Professor Muensterberg—spoke with wonder at the shortsightedness of hospital managers in not retaining trained nurses in the hospital. "That the nurses should be laboriously trained for three

years, and should then go off to private posts because funds for hospital appointments could not be raised, was, I must confess, a state of affairs that I failed to comprehend. If funds are needed anywhere, surely it is here, in order to provide the sick with the best possible nursing." It is not a bad thing to feel that our nursing affairs are being watched and criticised by the great thinkers and writers abroad. It should stimulate the nursing body to greater and greater efforts to keep our standards unbroken, to refuse to recede or to yield an inch of the ground that has been gained, in spite of the attacks from without, and the faint-heartedness within our ranks.

Mrs. Robb, as every one knows, speaks from an exceptionally large experience. She knows the superintendent's point of view in addition to the pupil's; and she knows the board of managers' view; but apparently they are all one: to produce a force which shall intelligently, kindly, and mercifully take care of the sick and helpless; that the process shall be in no wise an economic loss; that it shall not involve the sacrifice of any other class, but shall naturally bring its own compensation.

THE IMMEDIATE CARE OF THE INJURED. By Albert S. Morrow, M.D., Attending Surgeon to the Workhouse Hospital and to the New York City Home for the Aged and Infirm. Octavo of 340 pages, with 238 illustrations. Cloth, \$2.50 net. W. B. Saunders Co., Philadelphia and London.

This book seems destined to become a sort of recruiting ground for applicants to the nurse training-schools of the country. We all remember its modest forerunner, "First Aid to the Injured," and it is well known that many who later became more or less famous in the history of the nursing profession owe their first inspiration to the perusal of that work. The present treatise, enlarged and elaborated so as almost to lose all likeness to its modest predecessor, is written in a way to claim popular attention and to prove interesting reading to a large portion of the laity. Technical and scientific language is conspicuous by its absence, and the rather sketchy descriptions are supplemented by many valuable illustrations. Addressed to physicians, nurses, and laymen, it will probably appeal to the last class rather than either the first or second. Interesting reading it is, but the question will not be suppressed of just what value as a guide to emergency work can such a book claim? Will it ever be available where a doctor is not? We are warned in insistent italics that "*first aid should never supersede or take the place of proper medical or surgical attention*," that "by first aid is meant the temporary assistance rendered a sufferer until the arrival of medical aid. To proceed further

than this is not only an unwarranted presumption upon the part of the person so doing, but may result in the production of harmful consequences to the injured person. *In all cases a physician should be immediately summoned*, and in the meantime the 'first-aider' should devote his energies to rendering whatever temporary assistance may be within his power." To which we most heartily say, Amen! But why, following such a preface, does the author proceed to instruct for the reduction of dislocations of the shoulder, elbow, hip, etc.? Or, again, the cauterization for rabies? Do the benefits of cauterization at the hands of a layman in any degree justify such suffering as the process must entail? The general instructions are beyond criticism, as in the general treatment of various injuries—sprains, fractures, dislocations, etc., simple and practical in every respect, a blind man could follow them.

The latter part of the book is devoted mainly to different methods of transportation for injured or disabled people, and there are found here some distinctly novel hints, for which the author gives the main credit to the drill regulations of the United States Army Hospital Corps.

There is no question of the interest and popularity of the book. The public generally as well as the profession are indebted to Dr. Morrow. It will give a fresh impetus to first-aid classes, and as we mentioned earlier offers suggestions to many young people who are looking about for some definite plan for future activity. But, again, there is the question: Why instruct a great body of people for duties which they are solemnly enjoined to abstain from, and leave to be performed by others, endowed with a peculiar fitness for the office?

THE NURSE'S "ENQUIRE WITHIN." A Pocket Encyclopedia of Diseases; Their Symptoms, Nursing Treatment and much other Valuable Information, Alphabetically Arranged. By C. O. M. Scientific Press, London. Price, 2 shillings.

Only from England is such a little book as the one before us obtainable. No other country seems to produce the combination of modesty and efficiency that makes possible so painstaking an effort to serve a very humble beginner. The author out of a long and varied career in English and foreign hospitals has collected the material for this tiny encyclopedia, much of the matter being of such a nature that the larger and fuller text-books overlook it or consider it too insignificant to be included in their work. For the most part only the homely terms by which the less educated or strictly lay classes express themselves are used, and the term used in the title "Nursing-Treatment" is used advisedly, as it refers mostly to the simple home remedies which any one may use without fear of treading on the sensitive

toes of the medical profession. It will be urged that there is nothing in the book except what every nurse ought to know so well that she could not possibly find any use for a reminder. This is true; yet we venture to say that there are times when our memories play tricks and we waste valuable time trying in vain to remember some fragment of knowledge which persistently eludes our efforts to lay hold of it. This tiny book, four inches by three, of 160 pages, is capable of being carried in an apron pocket. Unobtrusive, it is still distinctly attractive in its soft green cover. The arrangement of the subjects alphabetically makes an easy matter of its consultation. The author emphatically disclaims all intention of "cribbing" from other writers, and states her inability to remember the various sources of information drawn upon, the subject matter having been the result of twenty-seven years in hospital nursing.

THE PHYSICIAN'S VISITING LIST FOR 1907. Lindsay & Blakiston.
P. Blakiston's Sons, Philadelphia.

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P. Blakiston's Sons & Co., of Philadelphia, are soon to publish a book on "Foods and Their Adulterations," by Harvey W. Wiley, M.D., to be followed by a companion volume on "Beverages and Their Adulterations." Dr. Wiley's connection with the Department of Agriculture, and the recent passage of the National Pure Food and Drug Law, will doubtless create a demand for these books.

W. B. Saunders Company, of Philadelphia and London, have just issued a revision of their handsome illustrated catalogue of medical, surgical, and scientific publications. The authors listed are all men of recognized eminence in every branch and specialty of medical science. The catalogue is well worth having, and we understand a copy will be sent free upon request.

CHANGES IN THE ARMY NURSE CORPS



CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR TWO MONTHS ENDING OCTOBER 13, 1906

BOYLAN, MARGARET, formerly on duty at the General Hospital, Presidio of San Francisco, California, discharged.

BRACKETT, BERT D., under orders for transfer from the Division Hospital, Manila, P. I., to the Department of Mindanao.

FISHER, IZA, transferred from General Hospital, Presidio of San Francisco, to duty in the Philippines Division. Sailed March 5th.

LEONARD, GRACE, recently reported in the Philippines Division, assigned to duty at the Division Hospital, Manila.

McHUGH, CECILIA, arrived in San Francisco February 13th, from the Philippines; assigned to duty at the General Hospital, Presidio.

MERICLE, EVELYN E., graduate of Trinity Training-school, Milwaukee, Wisconsin, 1906, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

MOORE, MARGARET, under orders for transfer from the Division Hospital, Manila, P. I., to the Department of Mindanao.

PAMPET, MADELEINE MARGARET, graduate of the Maryland General Hospital, Baltimore, 1905, appointed and assigned to duty at General Hospital, Presidio of San Francisco.

PURCELL, BERTHA, under orders for transfer from Zamboanga, P. I., to the United States.

RITTENHOUSE, VALERIA, graduate of Chicago Hospital, Chicago, Illinois, 1903, and Superintendent of Illinois Hospital Training-school from October 1, 1904, to October 1, 1906, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

ROHLFS, LOUISE, formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

SCHREIBER, MINNIE E., graduate of Trinity Hospital Training-school, Milwaukee, Wisconsin, 1906, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

SHAW, EDITH M., under orders for transfer from Zamboanga, Department of Mindanao, to the Division Hospital, Manila, P. I.

TIMME, MINNA C., transferred from the General Hospital, Presidio of San Francisco, to duty in the Philippines Division. Sailed March 5th.

WHITE, ALICE CECIL, recently reported in the Philippines Division, assigned to duty at Fort William McKinley.

ZIMMERLE, MARY, graduate of St. Vincent's Training-school, Toledo, Ohio, 1905, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

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